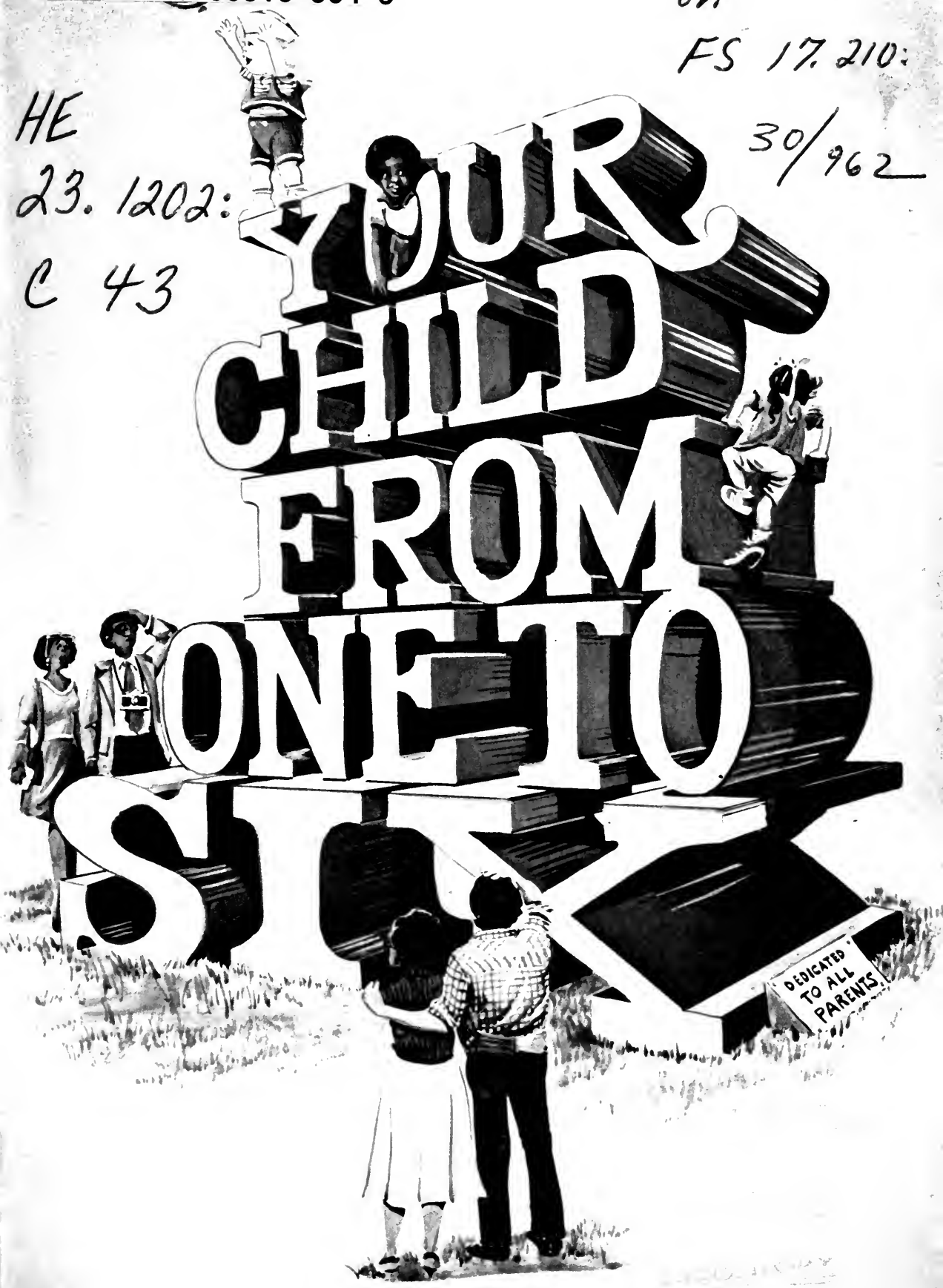

YOUR CHILD FROM ONE

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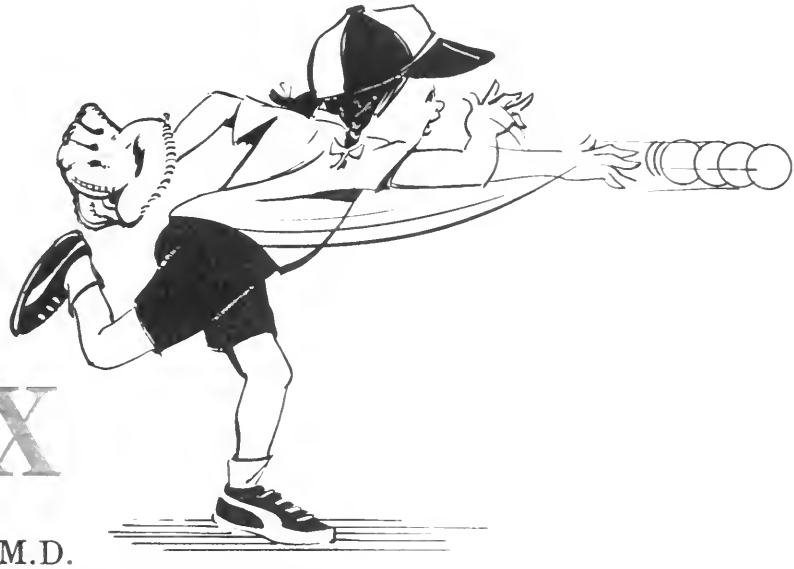

TO SIX

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Human Development Services
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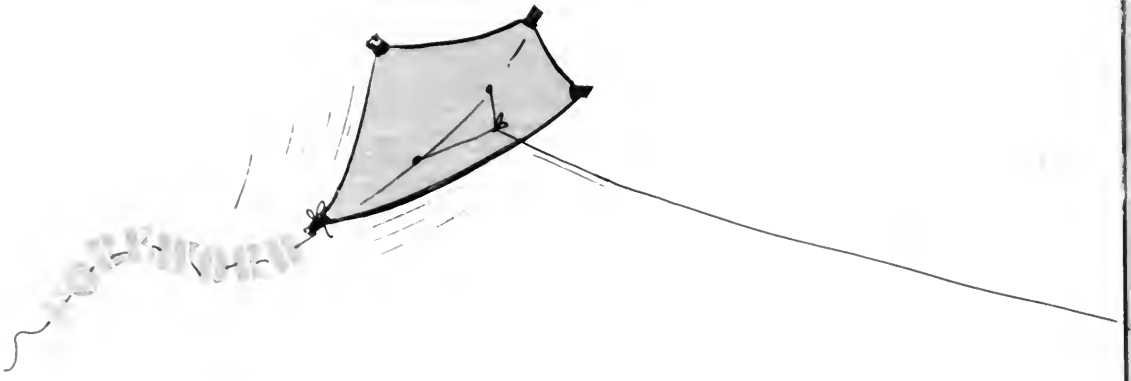


Your Child From One to Six, first published in 1918 under the title, *Child Care—the Preschool Years*, has become the second "best-seller" published by the Children's Bureau, the first being *Infant Care*. Over half a million copies a year are distributed free by the Office of Child Development, in addition to those sold by the Government Printing Office.

The consistent and continuing demand for practical, sound and easy-to-understand information about the rearing of children in this vital age group is borne out by these figures. But times change, thinking and philosophies change, and medicine changes. So does the world in which children and their families live.

This present version of *Your Child From One to Six* has been written by Dr. Richard H. Granger, a pediatrician at the Child Study Center, Yale University. In reviewing the issues to be covered in this edition Dr. Granger worked with a group of postresidency pediatric fellows. One of these, Dr. Elsa Stone, was particularly helpful as a manuscript consultant. The manuscript was reviewed by Drs. Albert J. Solnit, Donald J. Cohen and

Julian B. Ferholt of the Child Study Center, Dr. Richard W. Olmsted of the American Academy of Pediatrics, and by experts in health, child development and nutrition in the U.S. Department of Health, Education, and Welfare. We are indebted to all of these individuals for their counsel and suggestions. The booklet was designed and illustrated by Richard E. Swartz.

A booklet of this size cannot deal with every possible occurrence in the first six years of a child's life. Parents will be faced with many situations for which they will not find specific explanations here. But parents will find simple, direct and valid answers to the most usual and frequent questions they will face. Beyond that the booklet assumes that there is a sensible approach to child raising which holds true no matter what the individual parent's style may be. This booklet attempts to provide both the basic knowledge for that approach and also a framework within which parents can use that knowledge to make their own decisions in new situations. It is to be hoped that such an approach will contribute to healthier, happier and easier family lives for both parents and children.

Introduction

Congratulations! Since you are reading this book you have managed to get your baby through, or almost through, the first year. That was an important year. Babies grow faster in the first year than they ever will again, and they make a start in every important area of development. By this time you and your baby know each other well. The baby should have learned how to get your attention, how to ask you for help, and to expect that the help will be forthcoming. You, in turn, should usually know what need your baby is expressing and how best to meet it. This mutual understanding and trust form the base which makes it possible for your child to grow strong and healthy.

Babies are very dependent in the first year. They need help in every area and your job as a parent was to learn how best to do things for your baby. From 1 to 6 a major thrust of the child's growth and development is toward independence. Your job is now more difficult—it is to do less and less for the child in order to make it possible for the child to do more and more. Your job is to provide support, advice and protection when it is needed and to get out of the way when it is not. As children grow during this period and become capable of helping to decide some things for themselves you have to be able to let them make those decisions.

The progress from 1 to 6 will not be smooth and even. Children will not always act more grownup today than they did yesterday. At times their development seems to go backward and they will act quite babyish. Illness or some other upset in the child or family may cause this, but as often as not the child just finds it fun for a short period to act and be treated like a much younger child.

Don't panic! Just because young children occasionally act like babies for a while doesn't mean they are going to do so forever. You can safely accept these periods of

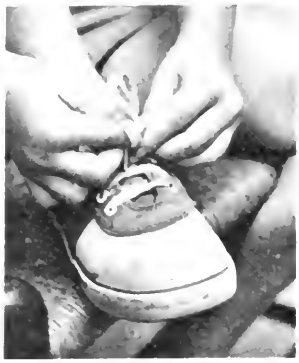
babyishness without encouraging them because such periods are also preparation for moving ahead. Given a chance, children prefer the excitement of growing up. They enjoy using new skills over and over again until they have become routine. Your enjoyment and praise of the new accomplishment helps to keep the child practicing until the new knowledge is thoroughly learned.

There is a general scheme of growth and development which almost all children follow. This book will attempt to outline that scheme. Nevertheless, each child follows an individual timetable which is different from all others. Children will let you know when they are ready for new activities, experiences or skills. If you are alert to the signals you can help them work out their own schedules satisfactorily.

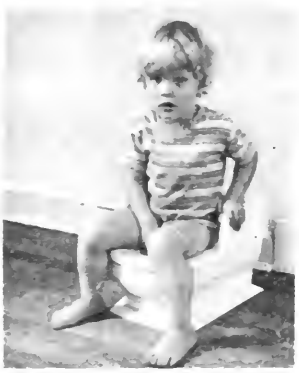
This book will not attempt to be complete. It will try to cover the highpoints of development from the standpoint of the child and the major problems or stumbling blocks as they are usually expressed by parents. As an individual with your own way of doing things you will have to take any of the advice that makes sense to you and adapt it to your own way of working.

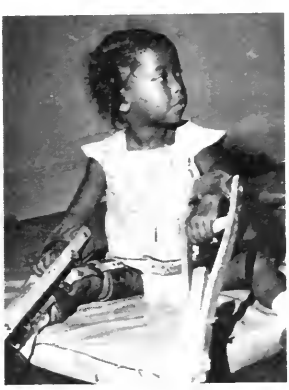
You and your children live in a large and complex world which will influence both of you—sometimes for the better and sometimes very much not. But remember that for the early years you are the most important part of that world as far as your children are concerned. What they become will in large part reflect your influence and that of the small world you create around them and actively help them to create for themselves. Within that framework there are two overall bits of advice you should keep in mind:

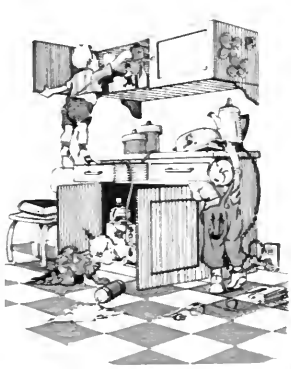
- Your goal should be to help your child become more independent and self-reliant.
- Your child is different from every other child just as you are different from every other parent.

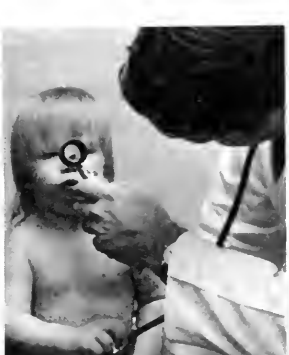


CONTENTS







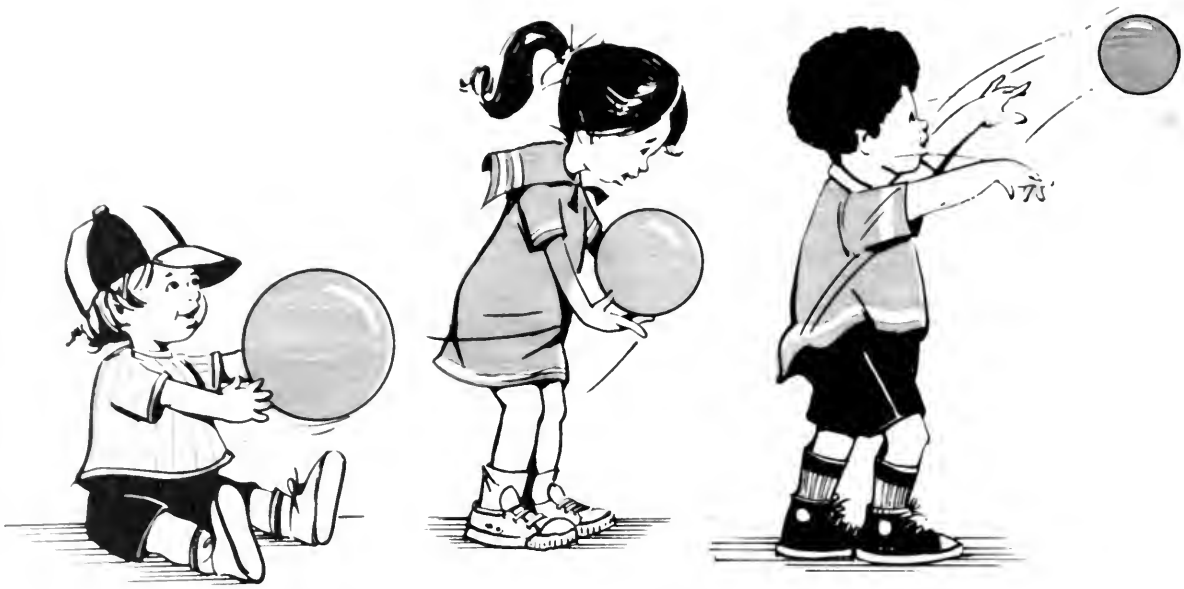


Patterns of Development

Physical Growth and Development

Babies grow very rapidly in the first few months of life, but as the year goes on their rate of growth becomes slower. This growth slowdown becomes even more obvious in the next five years. The child who gained, on the average, 15 pounds or so in the first year will gain only 4–6 pounds a year in this period. Children differ; some will gain more and some will gain less, but that is the average. The height gain is also slow.

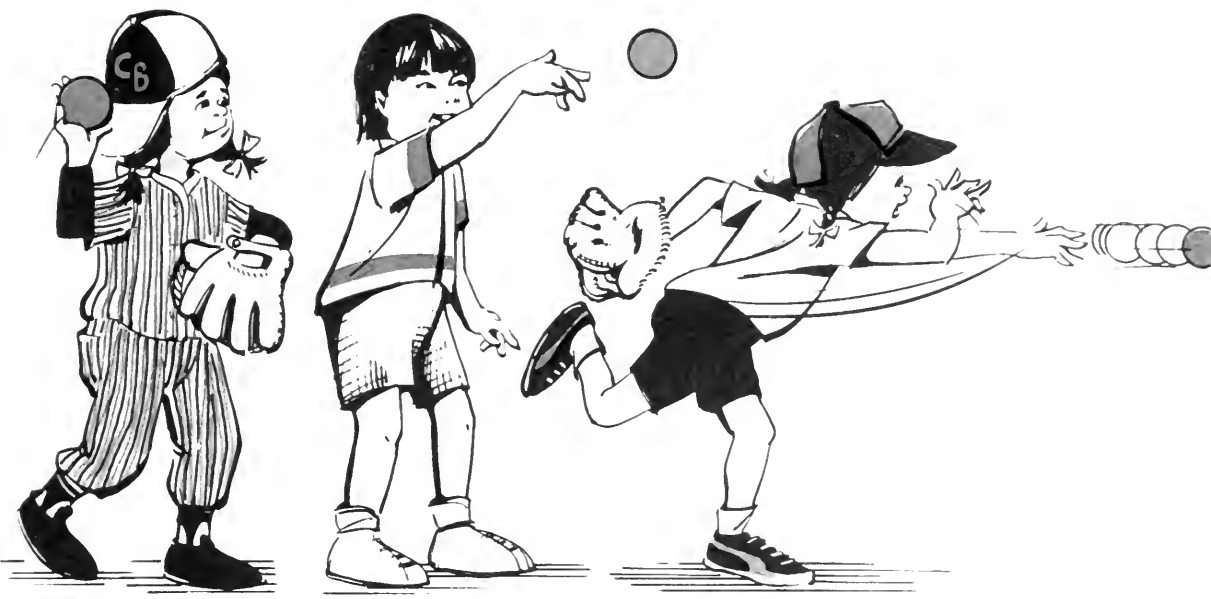
The overall shape of the child will change in this period. Infants seem to be all head and trunk. However, between 1 and 6 different parts of the body grow at different speeds so that gradually the legs become proportionally longer and the body and head proportionally smaller. The 6-year-old looks much more like a small adult than the 1-year-old does.



All children are in a hurry to grow bigger, but the important thing to the child in this period is not so much the increase in size but the increasing control over the use of all parts of the body. The large muscles which control big movements of the arms and legs and the body as a whole are the ones the child learns how to use first. The small muscles which move the hands and fingers take longer to learn. At a year most children can sit up, pull themselves to stand, and crawl or walk, but they cannot yet perform complicated movements with their hands.

The same pattern persists in the second and third years. Children perfect their walking, learn to climb, to run, to jump and to go up and down stairs. All these skills make it possible for them to go more and more places and explore more and more of their surroundings. (It also makes it possible for them to get into more trouble. See Accidents, p. 81.) The urge to learn more about everything is tremendous in this period. The child wants to see, touch and even taste everything. This urge, as well as your encouragement and approval, makes children push themselves to the limit, constantly trying out their new skills and abilities until they have perfected them.

Much of this activity may seem like a nuisance to parents. It's hard to believe that children need to keep repeating experiences so many times in order to learn. The on-off button on the TV for instance. Toddlers don't keep pulling and pushing it because they're bad, or want to annoy you, but because they don't really understand



until they've done it a hundred times or more that pulling and pushing that button really does make the patterns and sounds come and go. Also, they enjoy making exciting changes in the world.

By 3 or so most children will have had enough of repeatedly exploring the house, if you have given them the chance to do so. They are ready to move on to the outside world. Fortunately, it is just about this time that they develop enough coordination to ride a tricycle, use playground equipment like swings and see-saws, and even play games with adults or other children. For the first time they become able to catch and throw a ball—a fairly large one is easier than a small one—or play tag and hide-and-seek. But they can only begin those games. They don't yet understand rules or being fair. They want to enjoy a game, not win one.

Actually, by this age they have pretty much learned control of all the large muscles. Balance and coordination aren't perfect, they can't yet ride a two wheeler for example, but the patterns are all there. From this time on, they will increasingly build on bodily skills which already exist.

Meanwhile, children have been learning how to manage finer and more delicate movements with their hands and fingers. These movements are more complex than you might think. In this respect look at the way children learn to handle buttons. At 12–15 months they learn to unbutton buttons, but only large ones which they can get a grip on. Somewhere between 2 and 3 they finally learn how to unbutton buttons of any size, but it is not

until 5 years of age that most children learn to perform the other task of buttoning buttons. Parents who watch their children undoing buttons for years might easily get irritated when the child refuses to button them again. But this would be unfair because the two tasks are clearly not the same and one is obviously much more complicated than the other. The same thing is true of many other such tasks.

A lot of fuss has been made about educational toys for children in the second year of life. These are generally objects or collections of things which can be put into each other, or stacked, or taken apart and put together. These are all things children like to do in this age group, but almost every house is already well equipped with educational toys. Children very much enjoy working with ordinary kitchen utensils like pots and pans, coffee pots, jars with lids, different sized measuring cups and so forth. These are just as much fun as store-bought toys and much cheaper for parents to provide.*

Gradually in the second and third years children learn to turn the pages of books and magazines which makes it possible for them to look at pictures. Then they learn how to do puzzles and how to use pencil, paper and crayons. These activities are all important because they begin to provide the basis for those skills which children need when they are in school. If children have access to books and magazines, pencils and paper, etc. they can learn with their parents' active help to develop the important skills in which the eyes and the hands learn to work together. This gives them a head start in these areas.

By 2, most children have learned to use a spoon and a cup to feed themselves. The process is messy along the way and if parents interfere because of the mess then the skills don't get learned so early or so easily. By 3, children can do a pretty fair job of cleaning their teeth if they have been shown how and allowed to practice on their own. And between 3 and 4 they can wash their face and hands well enough for most sanitary purposes, if you will let them do so. In short, by 4, or 5 at the latest, children can assume most of the responsibility for their own feeding and hygiene. An occasional super cleanup by you will catch the corners that get missed in the daily routine.

Crayons and pencils and paper are important not only in the development of hand skills but also in helping children to learn to express themselves. Many parents hesitate to let their children have crayons and pencils because they are concerned that they will mark up the walls or the furniture. If you provide a good place for the child

* See also Children's Bureau publication FUN IN THE MAKING. 1973. 29 pp. DHEW Publication No. (OHD) 76-30031. Also available in Spanish.

to draw and lots of paper to draw on you can teach the child that pencils and crayons are to be used only on paper.

The earliest pictures or writings will look just like scribbles to you, but they are an important part of the learning process for the child. They help the child find out which movements of the hand and arm produce what kinds of lines on the paper. If you are enthusiastic about them, regardless of what they look like to you, the child is encouraged to continue trying and in time will become more skillful. Children do better if they are allowed to draw what they want to, rather than if they try to draw something they are told to draw. Although you will often be curious about what the drawings are about it is better not to ask directly "What is it?," but rather to say to the child, "Tell me about it." The answers are often interesting and sometimes surprising. You may learn a lot about what is actually going on inside your child's head. But if the child doesn't want to tell you, don't push.

Language Development

You and your baby learned to communicate with each other in the first year of life with a number of different signals including gestures, facial expressions, crying, other non-specific sounds and body movements. The thoughts communicated in these ways were basic and simple. "I'm hungry," "I'm happy to see you," "Something hurts" on the part of the baby. "I'll feed you," "I love you," "Don't cry" on the part of the parents. In order for you to begin to share more complicated thoughts and ideas the child must begin to develop language, speech at first and then writing. (The child who doesn't develop language is forever cut off from the most human forms of communication and shared experience. This lack will then interfere with many other areas of development as well.)

Actually, by a year or so, your child should already have begun to develop speech that is specific and meaningful. Most children at a year can say two or three words like "mama," "dada," and "bye-bye." If your child hasn't tried to make sounds much at all or to respond to your talking, it would probably be a good idea to have

the child's hearing and other speech related areas tested by your doctor.

If your child has begun to develop normal speech more words will come in the next few months and then, in the second half of the second year, the child will begin to put two or three words together in short phrases or sentences. These won't be regular sentences with all the right parts and grammar, but they will have more meaning than just single words can manage. By 2½ children can do something that makes both them and their parents very proud—they can tell their whole name, thereby proclaiming to the world exactly who they are and where they belong. Finally, by 3 or so most children can begin to put together whole sentences which *do* have all, or almost all, of the right parts and structure. From that point on the development of language is merely polishing up grammar and style and adding words.

How much and in what way children will talk depends, to a great extent, on you. Children hear their first speech from their parents and for the first few years most of the speech they continue to hear is from you. If a lot of talking goes on in the home, particularly directed to them, they will assume speech is important and they will work harder at it and will talk sooner and more. If very little talking is directed at them, children will not talk so much or so early. A lot of speech learning is by imitation. Children will tend to imitate the way of talking—loud or soft, fast or slow, clear or unclear, and so on—they hear from the people they are around the most and respect the most. They will also pick up words in the same way. Parents who don't want their children to use baby talk will not themselves use baby talk when they talk to the children. The same goes for shouting, or bad language, or what have you.

The development of language is very complicated. It depends on the child's having normal hearing, normal tongue and mouth muscles, normal speech centers in the brain, and the proper connections among them all. Difficulty in any of these areas may delay or distort the way speech develops. Also, difficulties between parents and child may interfere with normal speech. Developmental problems may show up in the speech area sooner than in any other way. If your child is developing normal speech

patterns at the right time it tells you that a lot of things are going right with both of you.

There are, incidentally, a number of minor speech impediments such as lisping, stammering, reversing syllables or sounds, ignoring certain sounds, and the like which may occur in the course of normal speech development in almost any child. If they begin to show up in your child's speech the best thing for you to do is just watch and wait a while without making your child self-conscious and tense by pointing out these errors. Most of the time these minor problems will go away in a few weeks just as quickly and mysteriously as they appeared. If they last several months or more it is then worth doing something about them. Even then, talk to your doctor first before drawing the child's attention to the problem.

Social Development

One to six might be called the civilizing years. The 1-year-old is still self-centered and unreasonable, making demands and expecting these demands to be met right away. The 1-year-old has no patience and little or no consideration of others. But by 5 or 6 the child is going to have to enter school, get along with the other children and the teachers, and learn. In this 4 or 5 years children have to go from thinking only of themselves to being considerate of the needs and priorities of other individuals and the group. That is what being civilized means.

In order to make this miraculous transformation children must know people who demonstrate the qualities of patience, tolerance and consideration and they must want to imitate those people. The people young children most want to imitate are the people who are closest to them and take care of them—generally their parents and older brothers and sisters. For the first two years the identification with this small group is so close that children can really learn only from them and do not need a larger social group. In fact, too large a group is probably upsetting to many children of this age and interferes with their social learning. Children can tolerate a few other adults as regular caregivers but only one or two at a time. If you work and have to leave your young child with others it is better if you can use the same caretaker

most of the time. Home day care, with one or two adults and only a few children, is better for 1- or 2-year-olds than large groups in center-based day care.

Between 2 and 3 years of age children become better able to learn from other adults. By the end of that year they really need the opportunity to widen their social experiences so that they can compare different adult styles against each other. But it is not until children are 3 years or older that they are able to begin to play cooperatively with other children of the same age. Up to this time they do not understand how to take turns and share toys or equipment. Therefore, it is not sensible for parents to punish children under 3 for not sharing or taking turns or playing together. Even after 3, children can tire easily or get quite frustrated in playing with children their own age. So short play periods are better than long ones.

Having learned what they can from the real people they know, children between 3 and 4 often go ahead and invent for themselves a best friend—an imaginary person or animal who has all the qualities they admire and would like to have themselves. Some children will make up all kinds of play situations with these imaginary playmates, and some will want them included in all the normal activities of the day. Sometimes they have trouble sorting out the real from the make-believe. You may have to be careful to set a place at the table for the friend or be careful not to sit on him or her in an ap-

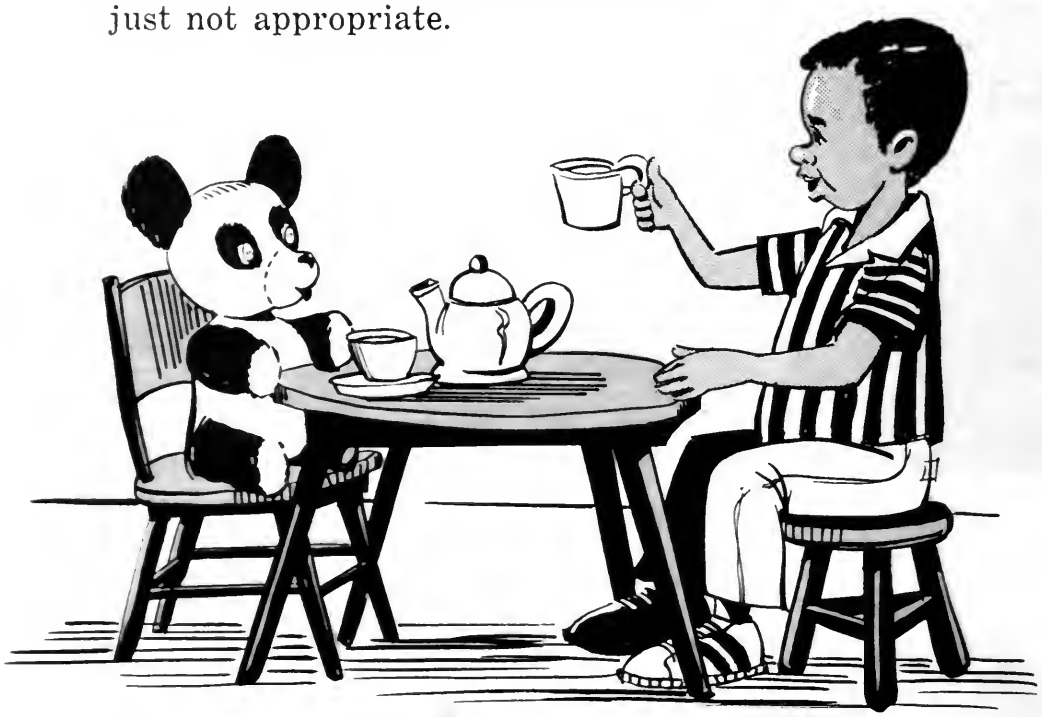


parently empty chair. It is rather like having the invisible man living in your house. Sometimes the friend is a bad friend who is constantly stirring up trouble and getting your child into it. Other times the friend is quite good and only occasionally spills things or otherwise messes up.

Some parents have a difficult time dealing with these imaginary playmates and this world of make-believe. These parents don't understand that this is a normal stage for all children to go through, even those who don't talk about it. The parents think their child is lying, and they worry that the child will become a chronic liar. They often punish the child for continuing to tell stories about the make-believe playmates or friends. This frightens and confuses the children. Because they do not feel they have done anything wrong, they do not understand what the punishment is for. Thus the difference between right and wrong becomes harder for them to figure out.

Other parents, not frightened by the child's adventures in the world of make-believe, tolerate and even take pleasure in the fantasy life and encourage it. They do their best to keep the real part of the child's life safe and sensible and find that the child needs to spend less time in make-believe as time goes by. These children learn how to use imagination as a part of their real world work in a helpful and creative way.

Actually, children do not really understand the difference between truth and lying in the real world until they are almost 5. Punishment for lying before that age is just not appropriate.



Everyday Life From One to Six

Sleep

In the first year of life the two major activities of the infant were eating and sleeping. This is still true for sleeping at least at the end of the first year but less so than it was. Studies indicate that 9 out of 10 children are sleeping through the night by their first birthday. But they don't all sleep soundly through the entire night. Many children have periods of wakefulness when you will see or hear them talking or playing quietly in their cribs. Usually they go back to sleep by themselves without any attention from you. It is a good idea to let them do so. There really is no good reason whatsoever for parents to interrupt children's sleep during the night.

Much is written about how much sleep children need. In the second year the range runs anywhere from 8 to 17 hours. This enormously wide range indicates once again how very different children are from each other. Children who need only 8 hours sleep a night cannot be kept in bed for 15 hours without driving themselves and their parents crazy. On the other hand, trying to set a schedule for children who need 12 hours, without making full allowance for that time, can also set up a real disturbance in the household.

Obviously it is essential to treat each child's sleep needs individually. How do you tell when your child has had enough sleep? One good way is by setting regular bedtimes from the beginning and noting when the child wants to get up. The child who always gets up very early in the morning may be one of those short sleepers and may need to go in a little later at night to keep peace in the family.

Another way of telling whether children get enough sleep is by watching how they act in the daytime. If they are alert and active, and eat and play well, their sleep needs are probably being well met. If, on the other hand, they are cranky, irritable, fall asleep in the wrong places at the wrong times, or are under- or overactive in most situations, then they may not be getting enough sleep at night. Of course, days which are more exciting, more

active, or on which the child is ill, will change sleep needs and patterns.

Young children don't like surprises very much. They prefer to do the same things in the same way day after day. Other than mealtimes the most important routines in the day revolve around sleeping. Most parents find that it is useful to have a standard bedtime for each child, although as already noted this does not mean having the same bedtime for each child. Parents will set different bedtimes for their children revolving around their own needs. Things like the parents' work schedules, mealtimes, and social needs all are taken into account in deciding how the children's schedule should be set. Both parents and children are happier when family patterns are set with regard to everyone's needs. In general, though, once set they are better kept the same from day to day except when some special occasion comes up, or when the needs for sleep change as children mature.

Children in the second and third years don't actually want to go to bed most of the time. In order to avoid doing so, children begin to develop all sorts of elaborate excuses to stall off the "evil" hour. Often these excuses and requests develop a pattern—one more drink, one

more story, one more look out the window and so forth. In turn, parents often develop a regular way of reacting to the child's stalling and the whole going-to-bed period develops a regular ritual.

These rituals are important and can be quite helpful in settling children down at the end of an active day. But to work the rituals have to be pleasant and relaxed and quieting rather than exciting and stimulating. Wrestling, running around and watching scary TV, for instance, are not relaxing. Quiet listening to music or stories, or talking about the activities of the day can be good ways for the child to unwind and get ready to accept sleep. Even the nightly bath can be stimulating, and it is better to allow some time to elapse between the bath and going to bed.

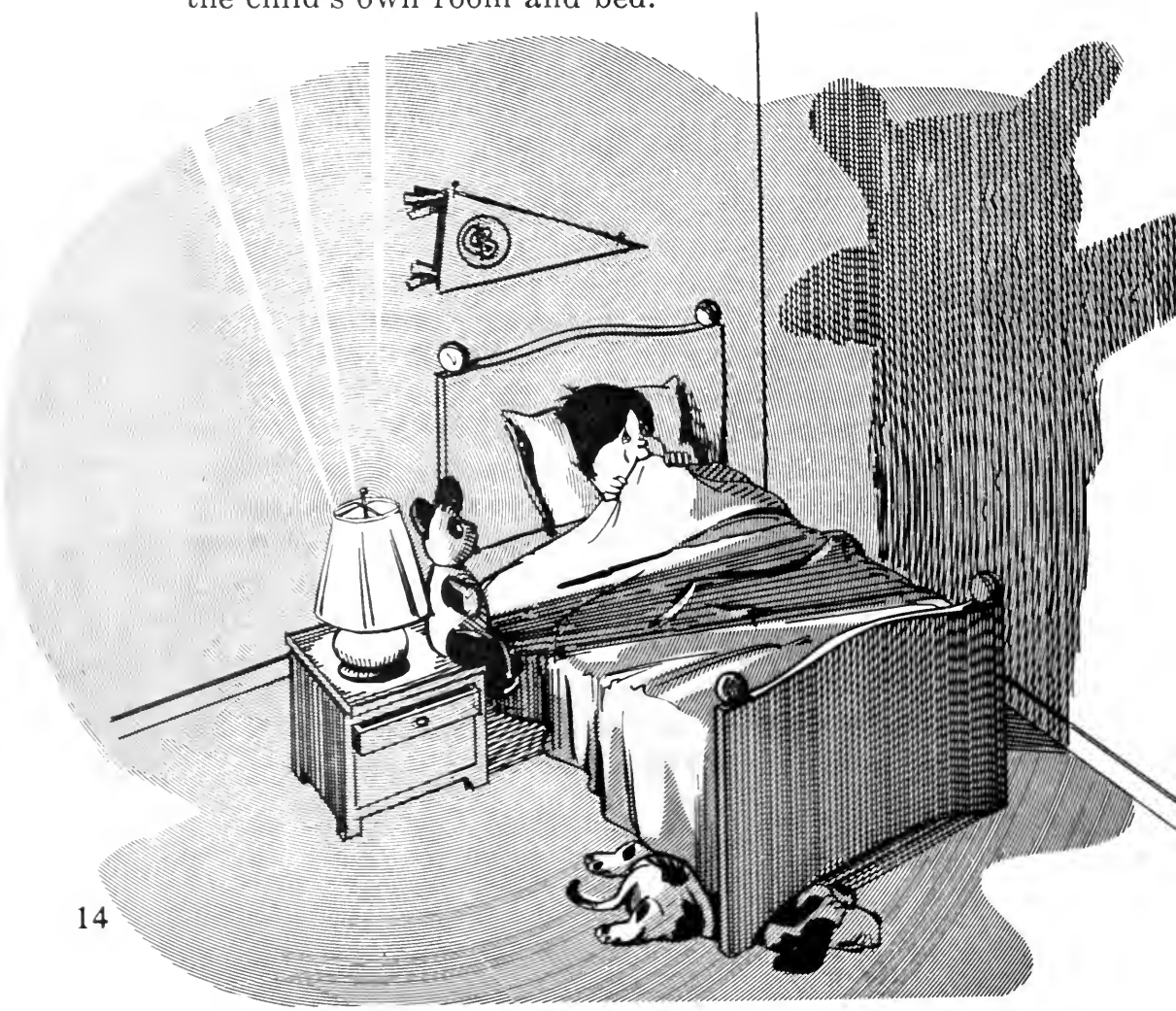
For many children an important part of the bedtime ritual is not only familiar people but also familiar things. In particular, children may become very attached to a special doll, stuffed animal, or blanket which has to go to bed with them as part of the ritual. The doll or blanket may become important to them beyond all common sense or reason, and they want it to go everywhere with them, especially if they have to sleep away from home. Parents will do well to guard such toys carefully against loss or destruction. Children will eventually outgrow them, but until they do their loss is often a disaster and may cause everyone sleepless nights.

Many parents are themselves uncomfortable about going to sleep or remember their own feelings as children about bedtimes. Children are very sensitive to their parents' feelings. If you are saying "go to bed" but remembering "sleep is scary" your child is likely to feel the mixed message and get quite confused as to which message you really mean.

A big issue in many homes is where children should sleep. The answer is simple. Whenever possible children should sleep in their own bed, in their own room with the door closed. If this is not possible then they should sleep in their own bed in a room with other children in the family. Preferably children should not sleep in the same room with their parents and they should never sleep in the same bed with the parents.

There is no question that children sleep better and have fewer fears and fantasies if they sleep in their own beds. Parents, on the other hand, often bring children into their beds for convenience, to deal with their own feelings of loneliness or other parent centered reasons. It is not a good idea to do this even now and then. The first time sets a precedent that is difficult to break and, for the child at least, it is a bad precedent. If there are not enough bedrooms in the home it is preferable for the parents to sleep in some other room and to allow the children to have a closed bedroom.

Although we have been discussing only nighttime sleeping it is important to remember that children in this age group still sleep in the daytime as well. Most children nap twice a day until almost 3 when the morning nap usually drops out. A year later the afternoon nap has shortened to a half hour or less. By 5 or 6 children are in school and can no longer take afternoon naps, although many of them will still want a rest period when they come home from school. If the nap is really to be helpful it should be taken, like other sleep, in the child's own room and bed.



Some special areas can best be discussed in brief form:

How Long Can Children Sleep In A Crib?—Until they outgrow it, until they climb out of it regularly, or until it is needed for another child in the family are some answers. However, if you take children out of the crib at the same time you bring a new baby home they will be much more upset than if you do it well before or sometime after that event.

Do Children Need A Night Light?—No, many children are more comfortable in a completely dark room than in one where a small light throws big and often scary shadows. But if the child does ask for a night light it is perfectly all right to put one in.

What Covers Should Children Have?—Most children won't stay under a blanket and are better off in pajamas with feet in them in cold weather.

Most children will sleep better and more healthfully without pillows.

Why Do Children Have Nightmares?—An especially tiring or overactive day, or a day in which some upsetting event happens may be the cause of nightmares. But sometimes they just happen and we don't know why. If parents can stay calm and be reassuring children will usually quiet down and go back to sleep. Children up to 5 or so have trouble knowing the difference between real and make-believe, so for them nightmares may be even more frightening. If nightmares become frequent or seem especially severe they are worth talking to your doctor about.

What About The Children Who Wake Up At Night, Cry, And Won't Stay In Their Own Room Or Bed?—The answer to this is patience and firmness. First make sure the child doesn't seem sick, doesn't need diapers changed and has had a drink of water. Then put the child back to bed—the child's own bed—and leave the room. (Don't put the child in your bed. Don't lie down with the child in the child's bed.) You may have to repeat the process 20 times or so the first night this happens. However, if you are firm and stick to it over and over again you will have to do it fewer times each night.

Try not to give in and not to blow your cool. The child really needs to know you mean business all the way and giving in once can undo a week of patience. Almost always, in a week or two the child will go back to sleep without trouble or will stop waking at night altogether.

A last word. Sleeping is a very important activity for children, and parents should do nothing to make children fear it or view it as punishment. Putting children to bed as a punishment does not really fit any discipline problem, and is only likely to make the child feel that even the regular sleep period is some form of punishment. They will then fight sleep even more than usual. As children get to 4 or 5 they begin to enjoy sleep and look forward to it as adults do. From that time on sleep problems, except in rare instances, are seldom seen.

Eating

Eating is still fun for the 1-year-old, but it is no longer the main interest in the child's life. Children's need for food is determined mostly by their activity and by the rate at which they are growing in height and weight. Because this rate slows down greatly in the second year of life, many children are actually eating less at 15–18 months than they were at 8–10 months. Not unexpectedly this concerns a great many parents who feel it is obvious that the bigger and older children are, the more they should eat. That concern often leads parents to try to force children to eat more. When parents force and children resist a chronic battle is set up which may become more important to all concerned than the question of food which started it all in the first place. If this happens everybody loses. The parents lose because they never get over their frustration at the way their children eat. The children lose because they really do become finicky, difficult eaters or else chronic overstuffers.

The truth is that normal children will never get into trouble from not eating enough *if an adequate supply of the right foods is presented to them.* Children won't eat everything all the time, and their diet may balance out only over a period of weeks or months, but it will meet all their growth and activity requirements. In fact, for the child over 1 year *if a proper supply of foods is*

presented there is rarely need for the child to receive vitamins or other supplements with the possible exception of fluoride for their teeth. Children do need protein in order to grow well and some special diets are not good enough for them unless some thought is given to protein content or supplementation.

All this, of course, assumes that the child has been weaned from the bottle or breast. Children are capable of taking fluids from a cup or glass before they are a year old, and some are fully weaned by that age. In the second year, milk and other liquids should be offered from the cup more and more often and in larger quantities, so that children will not continue to think they must have a bottle in order to drink.

Many parents continue to allow children to take most of their milk from the bottle through the second and even the third year. Children seldom object because they find it easier to suck from the bottle than to drink from a glass, and they can carry their food supply around with them most of the time. Although this pattern seems convenient to both parents and children there are reasons why it is better not to allow it to continue.

First, milk is a good food but not a perfect one. A good many children as they get into the second and third year have more difficulty digesting milk well. Also, children who get most of their nutrition from milk primarily will become short of iron and some vitamins. They will not grow so well as other children.

Second, children who can carry a constantly filled bottle around with them and drink whenever they want to begin to refuse to sit at the table to eat. So they lose the chance to take in solid foods and to enjoy eating with the family at an age when they would most naturally begin to do so. They are likely to become lazy, limited and fussy eaters and to develop chronic constipation because of the lack of roughage in their diets.

Third, milk contains sugar. When children carry a bottle around and suck on it constantly they have sugar left in their mouths most of the time. This is very bad for teeth; it causes cavities and decay. For all these reasons it is important that parents wean their children from the bottle in the second year (except, perhaps, for a bedtime bottle), introduce them to solid foods at reg-

ular mealtimes, and, above all, prevent them from carrying the bottle around all day.

Solid foods means pureed foods at first—foods which have been mashed up and made runny. In the second year children begin to eat more regular table foods like those you eat. They particularly like things they can pick up with their own hands and chew on. Incidentally, even young children tend to like foods with some flavor to them better than very bland foods. Foods which are reasonably spicy or otherwise tasty are just as safe and healthy for young children as for adults. They do not cause stomach aches or interfere with growth and development. Of course, children cannot actually eat all foods until they have some bicuspids, the large flat teeth in the back, with which to grind food. The sharp teeth in front only serve to bite off pieces. Some foods like nuts, fruits with pits, bones, popcorn and others are unsafe for small children because small pieces may break off and get caught in the windpipe.

Whatever you feed your child it is better not to heap the plate too full. The sight of a too-big helping often seems to make children less eager to eat. They do better if they are offered small portions and are allowed to ask for more if they want it. How much the child eats varies from day to day and week to week depending on a number of things like the child's health, activity, and even the weather. Their interest in kinds of foods will also vary from time to time. Sometimes they may go on jags when they only want one thing—peanut butter sandwiches or mashed potatoes, for example—at every meal every day. Parents will do best if they just ride along with the likes and dislikes as they occur. Tomorrow or next week they will change again.

Surprisingly, children do not necessarily like sweet foods better than other foods. Left on their own children develop a taste for, and learn to like, an amazingly wide selection of foods. They come to prefer sweets because we teach them to do so. Sometimes this is just because adults like sweets better and children imitate them. More often though it is because parents use sweets as a bribe to get children to eat other foods, or they hold back sweets as a punishment for some kind of misbehavior, whether related to eating or not. This makes children

think sweets are really something special and begins to interfere with children's natural willingness to try out different foods. It seems reasonable to suggest that food should never be used as either a reward or a punishment.

Mealtime can be a lot more than just a chance to get nourishment into the child. Family mealtimes are one of the few times in most houses that the whole family gets together to do the same thing at the same time. If these family meals are fun for the child they can also be times when the child learns a good many things besides eating. Children learn manners, new words for their vocabularies, new experiences, how to talk both to adults and other children and many other skills in meeting social situations.

But all this will happen only if mealtimes are fun. Young children are messy eaters. If parents find that the children's messiness interferes with their own eating pleasure, then they should eat separately from the children until such time as the children are able to eat with reasonable manners and neatness. Whichever, though, parents should encourage children to begin with spoons and other utensils as early as possible. This may increase the messiness for a time, but children encouraged in this way will learn to feed themselves earlier and will enjoy eating more in the long run.

A question which has received a lot of attention in re-

cent years is that of allergies to foods. The idea of food allergies has been greatly overstated, and most children can safely eat most foods without trouble. Even such serious problems as asthma and eczema are seldom related to food allergies. In any case, the only way to find out for sure would be to consult your doctor.

Discipline

There is probably more misunderstanding and disagreement about this subject than almost any other in the care of children. The word discipline means teaching or training, but a lot of people think of it as meaning punishment. One reason for the confusion is the belief, inherited from less informed times, that children are born with badness in them that has to be driven out. Nowadays, we know that children are born neither good nor bad. How they turn out depends on the strengths and weaknesses they inherit and how they get along with us and we with them.

The goal of discipline is to help children gain self control, learn to respect the rights of others, and learn the rules by which the adult world operates. The best way to help children to achieve these goals is to set them a good example and reward them for doing the right things. Young children have a powerful need to have their parents like them and approve of them. They will try very hard to do the right things if they know what those are.

Young children need and want only simple rewards—your attention, your approval, your smile and some kind words. They do not want material rewards like toys or candy. They want you to like them so that they can feel good about themselves. As children get older their parents' approval is still the most important reward they can have. However, they do get old enough eventually to recognize that the world values material things and they may then begin to include some requests for tangible rewards when the subject comes up.

A major part of the disciplinary process is talking about it. Parents and children have a great deal to talk about in relation to discipline even when the children are so young that the parents have to do most of the talk-

ing. First of all, parents have to explain to children what is expected of them in terms of behavior and what limits the parents will tolerate. This is crucial. Children do not automatically know what is right or wrong. Conscience is not built in, it is developed. So you have to tell your children in each kind of activity and in each kind of setting what they may and may not do. Not only that, you have to tell it to them over and over again.

Children don't learn rules the first time they hear them any more than they learn anything else the first time. Every parent knows how many times you have to say "nose" to children before they finally learn to point to their noses and then, finally, actually repeat the word themselves. But those same parents will take those same children and say "no" to them once about something and expect that the child has learned the lesson and will remember it forever. Those parents will get angry and even punish the child the second or third time. Hundreds of "noes" but only one "no." It doesn't make any sense at all.

Parents also need to tell children their feelings about the children's behavior. Even when they are still too young to understand the meaning of the words being spoken, children understand a great deal from the tone of voice in which they are spoken and from the facial expressions which accompany them. Therefore, telling the child how you feel about some behavior is an important way of indicating approval or disapproval. This is so simple it probably seems perfectly obvious to you, but it is amazing how many parents seem to feel that the only way of communicating with young children is through physical, rather than verbal, means—hitting rather than talking. Clearly as children get older it is possible to tell them a lot more about your feelings and to indicate more shades of approval and disapproval. As the meaning of words becomes understandable to children you can tell them more specifically what part of their behavior was good or not-so-good, that the action was all right but the spirit in which it was done was wrong, and so forth. Many different aspects of behavior can be talked about if you are willing to take the time to do so.

Finally, children get old enough to assume some re-

sponsibility for planning their own actions and helping set their own limits. At that point parents face the very hard job of beginning to share with the children decisions such as what will be considered acceptable behavior, what limits will be tolerated, and what sort of discipline will be brought about if the child fails to live up to the agreed upon behavior or limits. Parents who have begun early to discuss these things with their children, as suggested above, are not surprised to find that children of 5 or 6 are quite capable of helping set their own limits and quite willing to face the consequences if they goof.

This must seem like a great deal of talking, particularly if you are not naturally a very talkative person. But the need to talk things out means you have to do some thinking as well, and that can be very helpful. For instance, if you are going to have to tell children in ad-

vance what things are all right for them to do and what things are not all right, then you have to think out in advance what you are going to say. That means you will decide about those actions and limits at a time when you are being calm and reasonable instead of at a time when you are angry, or upset, or have a headache. It means you can think about and set those limits at a time when you like your children instead of wishing they had never been born. It means you are more likely to make sense to both yourself and the children.

Rules and threats parents make when they are angry usually prove very hard for either the parents or the children to live with. Parents tend to shoot from the hip and say things like: "Just for that you can't go out and play for a month"; or "Do that again and I will spank you within an inch of your life"; or "That does it. I'm never going to talk to you again." As soon as things like that are said both parents and children know they don't make sense. Children are often confused and parents are sorry they said them. And the whole process ends up doing nothing to improve or change the child's behavior. All of this can be avoided by thinking things out in advance and discussing them in advance.

None of this means that parents can't ever get angry. Even the best parents get angry at times and say and do hasty things at those times. Children can often be irritating, and they sometimes seem to be provoking their parents deliberately. Such behavior would try the patience of a saint. But it is best if the parent's anger can be aimed at the particular act or behavior of the moment rather than at the child as a whole. That will make it clearer to the child, especially the young one, exactly what it is that has made the parents angry and disapproving.

It is also much better if the anger is expressed in words rather than by hitting. Although parents may occasionally feel like hitting their children they must realize that spanking is not a good way of helping children to learn what is right and wrong. It is seldom the right punishment for the crime. It may relieve the parent's anger, but it doesn't really tell the child what the actual complaint is. When parents hit children at a time when they are out of control and don't know their own strength, or when they hit the child somewhere other than

on the hand or bottom, then they are in danger of inflicting real harm on the child. Besides, an important way of helping children learn is to set an example for them. Getting and acting out of control is no way for parents to help children learn to control themselves. What is really needed at such times is a cooling off period. Sending children to their rooms until they can come out and discuss matters reasonably may be a good way of doing this. Sometimes the parent, too, needs to withdraw to a quiet place and think things over before acting.

We need to talk more about hitting children, because it is a serious problem in our country. A lot of people still think it is the only way to deal with children's problems —spare the rod and spoil the child. But a lot of other people are equally sure that hitting is the cause of a lot of problems, of both children and adults. Child abuse, the doing of serious, often permanent, violent damage to children by their parents or other caregivers is being increasingly recognized as a major concern. The problem is that much of the damage is done by parents who get in a terrible rage and convince themselves that all they are doing is helping to discipline their children to make them better children. Deliberately whaling the tar out of children, hitting them with straps, beating them until they bleed or bruise, burning them with stoves or cigarettes, tying them up, closing them in dark rooms or closets or starving them are *not* ways of making children better people.

Parents who get violent with their children were often themselves beaten as children. Many of the adults who carry out violent crimes were abused as children. It is imperative, then, if we hope to cut down on the amount of violence in future generations, that we reduce the amount of physical punishment inflicted on children now. In fact, if we were to make a rule about it, it would be safer and better NEVER to hit children at all, rather than take the chance of hitting them too much.

There is another good reason for parents to remain cool about discipline. The less often you really get hot and bothered the more impression it will make when you do. The main reason for discipline in the second and third years is to safeguard the child against accident or harm. It is precisely at moments of danger that you want to be

heard and obeyed promptly. If you have been fairly reasonable and calm most of the time, your yell of distress at the moment of danger is most likely to be heard loud and clear and obeyed.

One word of warning is worthwhile here. The limits and rules set at a calm time when parents are feeling well, may seem far too liberal on a day when parents are busy, overtired or sick. Remember, children cannot be expected to know all by themselves that such a day is happening. If, therefore, you are going to change the rules on a given day it is a good idea to come right out and say so. You can point out that normally it is all right to do *this* much, but today, because of whatever reason, it is only all right to do *that* much. Children, except the very youngest, will be able to understand and go along with this kind of change from time to time provided it doesn't happen too often. They will even feel good about trying to be especially well behaved to help their parents out.

Sometimes, though, parents change the rules every time other adults are around, and only because of that. These parents are unsure of the way they handle their children and are afraid of being embarrassed by their children's behavior or criticized for it. That kind of change will not make much sense to children and will be hard for parents to explain, even to themselves. It is better for parents who feel that way to remove themselves and the child from such a situation rather than to deal with it by being unexpectedly harsher with the child at such times.

Often children act up because that is the only way they can get attention from their parents. Children who never get attention from their parents when things are going well will look for some way to get it. They quickly learn that getting in trouble gets them attention, even though the attention is punishment. These children come to prefer punishment to being ignored. They will be in hot water a lot of the time because that is the only way they can stir up some interaction between themselves and their parents. Other children, whose parents normally do pay attention to them, may act up at times or days when the parents are preoccupied with other things and are paying less than normal attention. The message ought to

be clear. The more time and attention you can spend on your child when things are going well, the less time you are likely to have to spend responding to things going badly. Being ignored by the parents is the worst punishment any child can imagine.

In discussing the needs of children at such length we cannot ignore the fact that parents have needs and rights, too. It is important to both parents and children that those needs and rights be asserted. The easiest way for children to learn to respect the rights of others is by learning to respect those of their parents. Parents' rights to quiet, to privacy, to set rules and limits, and to do their own work should be set forth just as definitely as are other limits about the child's behavior. As children get older they can learn to help clean up their own belongings and to conform to patterns of neatness, eating, sleeping and the like in which the whole family or household are involved. Children can and will learn that individuals have quirks and that all of us have to learn somewhat to conform to each other. In the same way they will also learn to become more comfortable about expressing their own likes and dislikes.

Temper Tantrums—are events which parents have great difficulty handling because they are panicked by them. The tantrum usually begins with the child wanting something and not getting it. In order to influence the situation the child starts to cry deliberately and gradually works up into uncontrolled crying, screaming, kicking, hitting and falling to the floor. At this point the tantrum, which was started on purpose, has gotten out of the child's control. The child then becomes quite frightened about what is happening and things get further out of control. By this time the child is totally beyond reach of talking or other reasonable communication. The best solution for parents is to wait calmly for the tantrum to subside if they can. Often the presence of the parent is important to help the child calm down. Isolating or punishing the child during the tantrum is not helpful.

What parents seem to fear most is that if they don't step in and actively stop the tantrum immediately, the out-of-control child will grow up to be an out-of-control adult. What parents need to understand is that all children have temper tantrums at some time or other. An oc-

casional tantrum, particularly in a young child, is not the sign of a life-long pattern. Actually, trying to order the child to stop immediately or starting punishment may be the worst approach. If parents act frightened by the tantrum, if they punish the tantrum, or if they give in to it they reinforce the child's tendency to repeat the performance. As noted above, the best thing parents can do is to cool it, wait for the tantrum to subside, and then deal, not with the tantrum, but with the original issue on its merits.

Rewarding children for good behavior teaches them more than does punishing them for bad behavior. But sometimes the child's behavior requires correction and just a frown hasn't been enough. Some more impressive kind of punishment is needed. What should you do?

There is no one punishment you can use all the time. Quite the opposite. Punishment should be specific; it should always help children remember exactly what action they are being punished for. That is, of course, another reason why hitting is not a good punishment—it is always the same for any offense and is specific for none. A complete list of possible punishments would not fit in this book but some examples may give you an idea.

Example: A child who has been warned not to ride a bicycle in the street does so anyhow.
Punishment: Child is not allowed to ride bicycle at all for a full day or longer.

Example: A child who has been asked to clean up toys scattered all over has not done so.
Punishment: Child is not allowed to play with any toys or to go outside to play until job is done.

Example: A child who has been asked to quiet down or stop shouting has become even louder and more rambunctious.
Punishment: Child is sent to some other room, preferably his or her own, and told not to come back until quiet can be maintained.

These are merely examples, and they may not even be the ones you would use for those specific situations. Nevertheless they do give some idea of the kinds of punishments which parents can use to help children learn about good behavior. Many times, with older children, the punishment for a specific offense can be discussed with the child either before or after it happens. This may seem like discussing the sentence with the criminal. But it has the advantage, with children, of letting them understand exactly what part of the behavior is upsetting the parents.

Toilet Training

Toilet training is a learning process, not a disciplinary process. It should not become a struggle between the parents and child as to which of them will control what the child will do. Such a struggle doesn't make much sense because it is clear that neither side wins. Parents lose because only the children, themselves, can control their own going to the bathroom. But the children lose too, because the fighting about training often leads to serious difficulties with the parents which may permanently affect behavior.

The purpose of toilet training is to help the child get control over certain body functions in a way that is comfortable for, and makes sense to, the child. The age at which a child becomes ready for such training is highly individual. NOBODY can give you a specific month or other time to tell you exactly when your child will be ready. You must, instead, look for certain landmarks which will tell you your child has developed the basic skills necessary to accomplish the more complicated skill of controlling bowel and bladder function.

There are three important areas to watch for:

Muscle Control—There are special muscles, like small valves, which control the opening and closing of the outlets of the bladder and bowel. Children must be able to work those muscles deliberately when they want to. They also must be able to squeeze with the larger muscles of the abdomen at the same time. This is a level of control

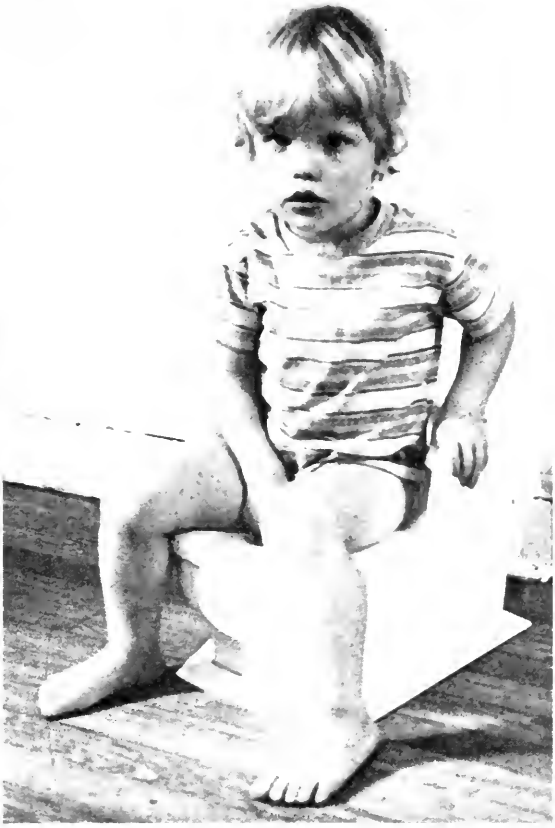
which no child has until well into the second year of life. It is acquired a short time after children begin to walk alone. Once children have been walking well for several months they will almost certainly have the muscle control needed for toilet training.

Communication—Children have to be able to tell you in some way or other that they want to go to the bathroom at that time. They cannot undress themselves or get up on a toilet alone, so they must be able to ask your help when they need it. If they cannot yet talk clearly or well they must at least be able to tell you with gestures or in some other manner.

Desire—The child must want to become trained. Getting rid of messy diapers seems very desirable to parents, but not necessarily to toddlers. But the natural desire of young children to please their parents can be a powerful help in the training process. Another help is the desire of children to imitate slightly older brothers and sisters or other children who are already trained. In using these aids it is important to remember that children must want to be trained for their own reasons and their own benefit, not only to please you.

In short, in order to be ready for toilet training children must have the proper muscle control, must be able to tell you when they have to go and must want to do both of these things. Often parents want to start training long before the child has reached this state of readiness. Starting too early is a waste of time. It asks children to do things they are incapable of doing. Some parents are clever enough to train themselves to catch the child at just the right moment, but their luck doesn't usually last too long. Then the whole process has to be repeated, anyhow, when the child is old enough.

What kind of training seat you use will depend on personal preference. Some parents prefer a potty chair which sits on the floor, others prefer a seat which fits on top of the regular toilet. The potty is convenient because the child can sit on it without assistance and will not be afraid of falling. However, it must be emptied and cleaned after each use. The toilet-top seat is more convenient but the child must be helped on to it. If such a seat is used, parents should be sure to choose one which



has arms and a back rest so that the child will feel secure and comfortable and a footrest so that the child will have something to push against.

Parents should explain to the child, in terms the child can understand, exactly what the equipment is for and what it is expected the child will eventually do with it. The parents should express confidence at the child's capability for such accomplishment and point out that they, the parents, are there merely to help, not to force. If parents never did anything at all, most children would eventually train themselves without any effort on the parents' part.

The child at 2½ or 3 will begin to become uncomfortable when soiled or wet, will want to be changed promptly and will also want to begin wearing underwear like older children instead of diapers like babies. For parents who can wait until then, this becomes another potent force in helping the child become trained. Even then, parents should limit their role to pointing out that if the child used the toilet regularly diapers would not be necessary, and the child would not experience the discomforts of wetness or soiling.

Parents who cannot wait can try to begin putting the child on the seat at times when the parents think the child is most likely to perform. The key times will vary from child to child, but often include the periods right after meals, before or after naps, bedtimes and so forth. It is a good idea to watch the child for a while to see if a pattern can be detected as to when the child is most likely to wet or have a bowel movement. There may be a number of such times, but it is better if you can pick just 2–4 of them which are most convenient for you and the child. As with other things, too much trying can give worse results.

A great deal of patience and self-control are necessary for this training. Children are not likely to perform the first time they are put on the toilet. Any such happening is probably an accident and not likely to happen again for weeks or months on a regular basis. Therefore parents should decide on some reasonable time limit for keeping children on the seat—1–5 minutes is probably the range—and should remove them even sooner if they show discomfort. Parents should never insist that chil-

dren remain on the toilet until they have done something.

Children trained in the proper way at the proper time will seldom backslide. However, any child may soil or wet slightly occasionally, especially at a time of great excitement or when the child is too involved in playing to get to the bathroom. In addition, serious stress in the child's life—physical as in an accident or illness, or emotional as in loss or separation—may cause even the strongest child to relapse. If these lapses persist then parents should seek help from their doctor.

Children who are trained in the daytime are equally ready to be trained at night. There are no physical reasons why children who are dry in the day should wet their beds, and it may be mainly the parents' different attitudes toward the two times of day that makes the difference. Parents who become convinced that this is true will then be able to make clear to their children that the child has just as good control at night, asleep, as during the day, awake. Most children will respond by staying dry.

Physical problems are almost never the cause of bedwetting. Prolonged bedwetting is almost always a sign of psychological immaturity, and it should be handled as such by both parents and doctors. Children as young as 3 and 4 can, and probably should, learn to stay dry at night. They feel better about themselves and their development if they do so. If children continue to wet much beyond that age parents should seek some advice about the problem.

Note of Caution—One thing parents should not do to the child at any age is manipulate the rectum. Times have changed. Equipment such as enemas, suppositories, even rectal thermometers, should never be used at all unless a physician has ordered them—and then only for the shortest possible period of time. If children cannot, or will not, have bowel movements on their own, parents should seek help from their doctor. Occasionally a physical problem may be present, but some psychological problem is far more likely to be the cause of such chronic constipation.

Clothing

Not too many years ago many parents often dressed children up in rather fussy and fancy clothes as though they were dolls on display. Now that rarely happens. Parents have learned that clothes for children should be comfortable, fit easily, be easily cleaned and made of materials that will wear well. A number of new materials have made all these things possible and less expensive at the same time. Children at play should be dressed in clothes that you don't have to worry about, that won't interfere with free movement and that will clean up easily afterwards. Even for the occasional dress up time clothes can now be made of materials which will hold up if they get rougher use than intended.

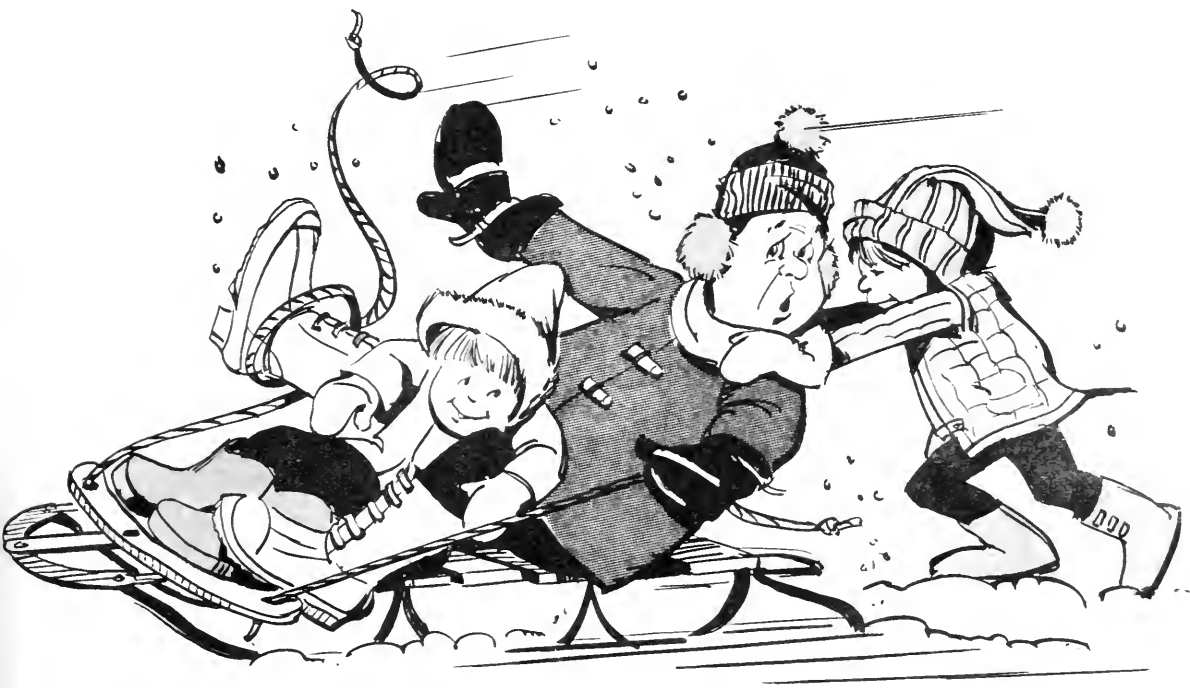
A lot of parents don't know how to decide how warmly to dress their children for going outside. A good rule is for you to dress the young child in the same number of items you would wear for the day—with perhaps one extra coat, sweater or blanket in cold weather. This is to allow for the fact that the very young child will be less active than you are. As children get older and more active they begin to want to have some say about what they should wear. Often they can predict what they need to wear better than you can. No child chooses to freeze to death. Children will almost always choose clothes warm enough for the weather. In general, parents tend to dress children at a level that seems comfortable for them, the parents, rather than for the children. Active children who spend a good deal of their outdoor time running, jumping and climbing need less clothing than the slower moving adult.

As children get to 3 years of age or so they may begin to be able to select and put on their own clothes each day. Shortly after that they may want to go along and look at clothes in stores and make some of their own choices if you will let them do so. It is fine if you can let them make some of their own choices within limits you have set—even though some of them will look less attractive to you. They need to begin to accept responsibility for the choices they make. Often they will do well. In selecting clothes it is worth remembering that short sleeves can be worn all year with other things over them, and

therefore they are probably more useful in the long run than long sleeved clothing which is too warm for summer.

Shoes are worn for two reasons—protection and warmth. They are not really needed for arch or foot support unless your child has a special foot or leg problem for which your doctor prescribes a special kind of shoe. Shoes don't have to be expensive but they should fit well and be shaped like the child's foot, broad and quite square across the toes and with relatively flat soles. High heels are not good for young children. Parents used to feel their children needed high shoes but they really don't add any extra support and are neither helpful or needed. Modern sneakers are actually quite fine for everyday wear and play. It is also acceptable for children to go around barefoot if the floors or ground are free of splinters or broken glass. Running around in stocking feet is likely to be dangerous because they are too slippery on most surfaces.

Unless the child is to be outside in very cold weather or for long periods of time, hats are unnecessary. It is not true that hats protect against colds, earaches or anything else. Hoods on coats or sweaters are easier for children than hats. But when needed soft knitted caps are best—easily pulled on and kept on.



Although parents are the most important part of the child's life between 1 and 6, the child's brothers and sisters are also a major influence. They live in the same house, share the same food and bringing up and often the same toys and clothes. Thus they form a regular part of the child's world and daily life. But even more importantly they share the same parent or parents and compete with each other for a share of the parents' attention and love. Although children in a family share many things, they also differ in many ways—their place in the family, the age differences between them, their ages at the time of important events in the family's life, and so on. Describing all those possible combinations is more than a small book like this one can undertake. But certain facts and principles stand out for parents to be aware of.

Because of their common interests and experiences children in a family have the ability to unite and support

each other at times of crisis, loss or loneliness. In that way they are an important mutual resource in times of need. But parents must also understand that children will be angry with each other from time to time, will be jealous of each other and will even fight with each other at times. Given all the strains of family life and the deep feelings family members have for each other it is inevitable that things will not always go smoothly.

Most of the time children allowed to work out their differences among themselves will do so better and with less confusion than if you try to interfere or referee. The exceptions occur when there are big age differences and the younger child gets the worst of it, or when all the other children gang up on one child. If those things happen you may need to interfere to protect life and limb, but there is usually a reason for such events and you will do well to try to find out quietly why such uneven match-ups came about. In most families where children feel good about themselves and feel they have been treated fairly by their parents, such mistreatment of one child by another rarely happens.

Which brings us to the next point. Treating your children fairly does not mean treating them all alike. It doesn't make any sense to do that. This book tries to point out over and over again that all children are different from each other and need to be treated as individuals. Some children are bold and some are shy. Some are physically skilled and graceful and others are clumsy. You couldn't possibly treat all those children the same. What you can and should do is to treat them each in a way that respects their special needs and reflects their special personalities.

Children understand the differences among themselves even better than adults do. They will respect those differences if you do, and will understand the need for different treatment. What you then have to be careful of is not to let this factor make you always favor one child's needs over another's. It is true that you may not love, or even like, all your children in the same way. Almost nobody does. But that shouldn't interfere with your determination to treat them all equally well and fairly. All your children can be wanted and loved for being the unique persons they are.

Finally, you should be sure to treat your children as children, especially in this age group. Don't make some of them maids or baby nurses or assistant parents—or anything else. It is useful to both you and the children for them to begin to have regular duties and chores in the household. But as much as possible these should be reasonable in number and extent, and they should not often be of the kind that gives one child control or responsibility over another. Children don't make good parents for other children—both of them often suffer in the process. If you find that you seem to be asking one or more of your children to assume what should be your responsibilities you might do well to talk to some friend or counselor about the situation.

Parents and Children—Parents who are angry with each other often involve the children in their fights. Sometimes they try to set up a special, secret alliance with one or more of the children and try to turn them against the other parent. Such behavior on the part of parents is very confusing for children and much too painful and difficult for them to handle. This is true for children of all ages, even up to adolescence, but it is particularly difficult for the child between 3 and 6 who is trying to find her or his way toward more grown-up role models with parents of both sexes. In this age group the additional stress of parents deliberately putting each other down makes it more troublesome for children to find useful and acceptable ways of beginning to behave like adult men and women. They try to do so in many ways and it is important for parents not to put down their children, either, around the children's attempts to act more mature and more parent-like.

Friends—If you are like most parents you probably expect your young children to be able to do more with other children than they can do. Most children aren't capable of playing well with others of the same age until they are about 3 years. Between 3 and 4, children can begin to plan activities together and to look forward to seeing each other. They can, in short, begin to remember and talk about their friends. Even so, they often are not ready to visit friends' houses for any long play period until they are well past 4.

This doesn't mean it isn't important for children to have other children to play with. It is important. Children learn a lot from others their own age. If there are not children around the neighborhood for your children to play with, it is probably worthwhile for you to look for a day care center or nursery school where they can learn to play with other children under supervision. Before you send your children to a center or school, though, you should visit it while school is in session and make sure that it is a place in which you would want your child to spend time. The building and the kinds of equipment are important, but even more important are the people. You should pay special attention to how closely the teachers supervise the play and safety of the children, and how they seem to like the children they work with. (See also School Readiness, p. 48.)

It doesn't matter if your child plays with children of different ages part of the time. In fact it is probably good for older and younger children to play together now and then as long as the span between the age groups isn't

too large and as long as some responsible adults are watching. Older children enjoy teaching younger ones, and the younger ones enjoy the prestige of playing with older kids. Nevertheless, it is better if most of their play time is spent with children about their own age.

It is worth remembering that although two children may play together, three children are more likely to fight among themselves. Two against one is the usual pattern, and often the same child tends to be on the short end. It is better for play groups to be arranged in larger groups which can then divide up in their own ways. Things will not always go smoothly even between children who normally get along well together. There are bad days between children just as there are between adults.

It is not a good idea to insist that young children share their things with other children. Such forced sharing only makes children feel powerless and resentful. As they get older they will learn to share more willingly, especially if they know that you expect sharing and approve of it. In the meantime, it is a good idea when you go visiting to take along with you some of the child's own toys. This makes it possible for your child to have something to play with even if the other child doesn't feel like sharing at the time. It also makes children more likely to be willing to share if the sharing goes both ways. Besides, the child who has some familiar things along is likely to feel more comfortable in an unfamiliar setting.

While your children are still young you can control which children they play with by keeping them away from children whose habits you don't like. But as they get older, especially after they go to school, you cannot control things so well and they will inevitably make a friend you wish they hadn't. The friend may be a bully or have other habits you don't want your child exposed to. You can seldom break up the friendship by criticizing the other child or the bad habits. It may be those very habits which attracted your child in the first place. Such friendships may be a way for your children to learn how to deal with these bad habits in another person, or, perhaps, in themselves. If you can stay cool but still point out to your children that these are habits you would prefer they didn't pick up the message will usually get through successfully.

common minor tragedy in many families occurs when favorite relatives come to visit and the children refuse to welcome them or treat them specially. Often both you and the visitors may be hurt and upset by their refusal. But you must understand that unless relatives live with the child or are seen regularly and often, there is no way for the child to know that these are different from other strangers who come by from time to time. It is true that they will pick up some of your very strong positive feelings about the visitors (and secret negative feelings, too, if you have them) but they will not necessarily transfer those feelings to themselves. They will treat the relatives like other visitors—hanging back and watching for a while before they decide how to react. The worst thing you or the relatives

can do is to try to force the children to kiss the relatives or say they love them. That kind of pressure will almost always make the children more uncomfortable and stubborn. The best thing is for everyone to hang loose and let the children find their own way to react with the relatives after a while. If the relatives can't understand this then the problem is theirs and there isn't much you can do about it except give them this to read.

Another common problem is deciding who will do the disciplining when you and the children go to visit the grandparents or other relatives. Most of the time it makes sense for the house rules to apply and you can decide with your children that some behavior may be all right in grandma's house, but not all right when they get home again. But grandparents should never undercut the authority of the parents. It is very important for grownups not to use questions of control of the children to fight out their fights with each other. As the parents you are the protector of your children, even against the grandparents or other relatives. You also have to protect your children from the unrealistic expectations or standards that relatives may have for them. In general, if you can't work out a good arrangement with your relatives about the way your children are handled, then it is probably better to avoid visiting them too often.

In this age group the word sex refers to children's interest in bodies, particularly their own, and the feelings which arise from them. Most parents help their children learn a great deal about their own bodies with both pleasure and enthusiasm. They do so by teaching them the names, locations, and even the uses, of almost all the parts of the body—hair, eyes, ears, nose, mouth, chin, arms, fingers, chest, tummy, belly-button, legs, feet, toes, and so forth. Around this teaching there is usually a lot of touching and pointing to the various parts, and obvious pleasure and excitement when the child learns a part correctly.

But very few parents do anything about teaching their children anything about the parts of the body we call the genital organs. If those get any attention at all they are

usually lumped together in some vague and uninformative term like 'middle,' 'privates,' 'personal parts,' or the like, instead of the proper words like penis, testicles, vagina, labia and so on. What are children to make of that? Just what you might expect—that there is something very different, mysterious and bad about this part of them. They learn not to talk about it because their parents so clearly don't want to. And they learn to feel sneaky and guilty because they have already become aware in the first year that touching and rubbing their genitals gives them special pleasure and excitement.

It would be much better if parents could overcome their own lack of knowledge and their embarrassment and matter-of-factly include the genitals in their regular inventory of body parts. Then children would find those parts no more mysterious than any other and would ac-

tually pay less attention to them, rather than more. However, parents must realize that it is quite normal for all children to pay some attention to their genitals. The good feelings which arise from touching them are too good for children to ignore, just as they are for adults. The touching and rubbing is a form of masturbation, but it does not have the kind of sexual meanings and fantasies it has for adolescents and adults. It is a way for children to get some pleasure from their bodies and to relieve tension at times. Occasional masturbation in young children is not harmful to them and does not interfere in any way with normal growth or development. Sometimes, though, it may become a major, rather constant, activity and preoccupation of a child. That is only likely to happen if other things are not going well in the child's life and the masturbation becomes a substitute for other pleasures or gratifications. When that happens you should get some help from a doctor or other advisor.

Often the masturbation is not a problem for the child but is for the parents. They tend to get embarrassed and uncomfortable when their children rub or hold their genitals. They are especially likely to feel this way if the children do this in public. Parents' comfort is important. It is probably not possible to make children stop masturbating entirely—no matter what you do—and it certainly isn't advisable to try. But it is reasonable to use the subject as a way of teaching children the difference between public and private places and behaviors. Most children will easily understand that the behavior they enjoy is all right for them to engage in only in the privacy of their own rooms.

The issue of privacy is certain to arise in other areas as well. Young children are also curious about bodies other than their own, especially their parents'. Many parents are not aware that children can get excited by the sight and feel of their parents' naked bodies. As a general rule, the more eager children are to see their parents nude, the more exciting it is apt to be, and also the more upsetting. The way the parents feel about being seen also contributes to the excitement and the upset. Some parents can be quite casual about this while others are uptight about it. Usually it is better for the parents to exercise their preference for privacy—to dress

and undress in their own rooms—but for them not to panic if the children happen to come in while the parents are undressed.

Some children get particularly insistent around the time of toilet training about accompanying the parent into the bathroom when the parent wants to use the toilet. There is no useful purpose to be served by this and many parents find it uncomfortable and have a right to claim their privacy. Of course, that means that parents must be willing to respect the child's right to privacy as well when it is reasonable and appropriate to do so.

When children are excited or overstimulated they behave a good deal like children who are overtired—they get irritable, have temper tantrums, have trouble settling down to sleep, and so forth. When parents see their children behaving in this way they will do well to look at the possibility of overstimulation as an underlying cause. If it seems a possibility they should make every effort to modify and limit it.

Some time during the first 6 years of life children begin to ask questions about adult sex. The first questions are most often about differences between boys and girls, grownups and children and where babies come from, but they may be about almost anything. How you answer those questions for your child will depend on the age of the child and the nature of the question. In general, it is a good idea to give as short and simple and accurate an answer as possible. For most children that kind of answer will be enough, especially if it is given openly and without embarrassment. Some children will want to know more and will ask another question which should be answered in the same way. Your children are very tuned in to your feelings, and if you seem to hesitate and dodge questions they will come back at you from different directions trying to find out what your problem is. If you are equally uncomfortable and have trouble answering at all, your children will get the message that there is something not nice but rather upsetting about sex. That is not a good feeling for them to get because it may well lead to problems in their own handling of sexuality as they get older. It is, therefore, a good idea for you to check out whether you are ready to hear and answer these questions in an informed and easy way. If you are

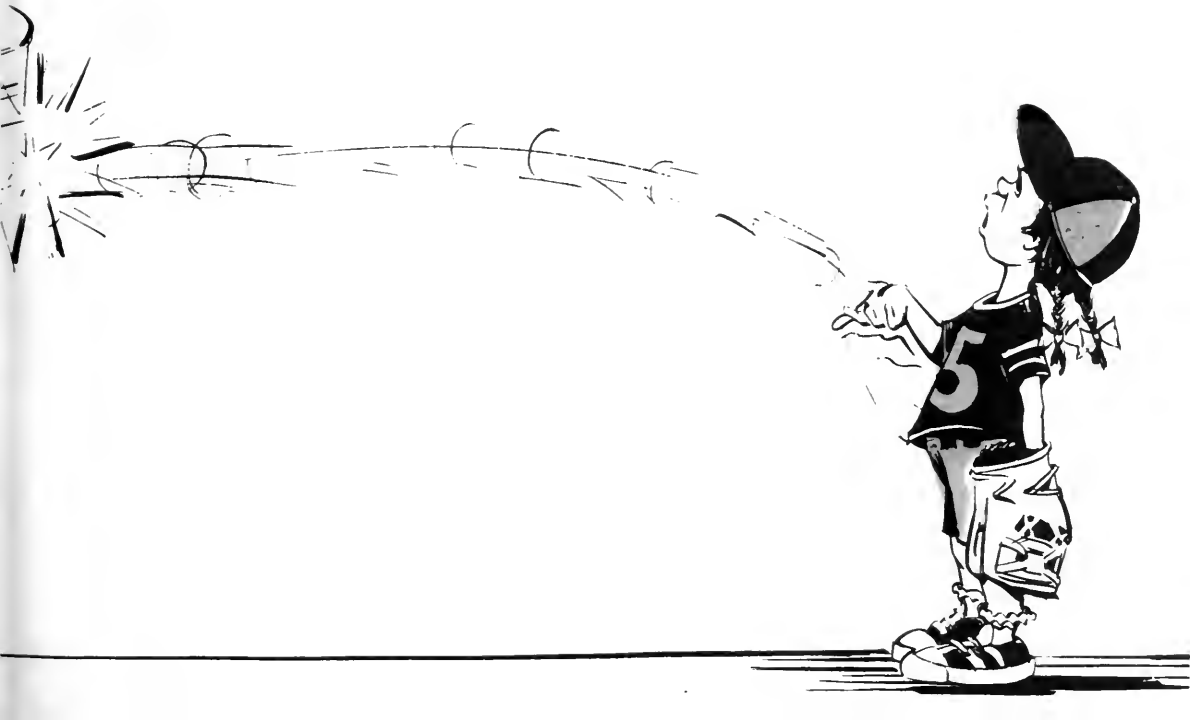
uncomfortable with the subject and think you need help, you can turn to a doctor, nurse or other child care expert, or to one of the many excellent books and pamphlets written especially for parents of children of varying ages.

Most books like this one refer to the parent as 'she' because they assume that most of the reading about child care, and the care itself, will be done by mothers. Most of the books also refer to the child as 'he,' using as an explanation that that makes it easier to tell which is the parent and which the child. You may or may not have noticed but this book doesn't do that. It talks only about parents and children, except in the very few places where it is likely that the sex of the parent or child will make a difference.

This book talks only about parents and children not because it assumes that there are no differences between men and women and boys and girls, but because it assumes that the likenesses between them are as important as the differences. It also assumes that many of the differing expectations about the behavior of boys and girls are learned rather than inborn, that the way children are brought up has a lot to do with those differences.

We certainly know now that all children will do better if both their parents are involved in their care from the very beginning. Fathers can't breast feed infants but there isn't anything else they can't do. There isn't anything 'unmanly' about fathers holding their babies or changing them or feeding them bottles. Nor is there anything 'unwomanly' about mothers working or getting into outdoor sports with their children. When half or more of all mothers are working and involved in many activities that once only men did, it doesn't make sense not to examine new concepts of what mothers and fathers can and should do. Parents may want to follow traditional or new parenting ideas, but it is important that they respect each other enough to agree.

It still is not clear what kinds of roles and relationships will be worked out in the future. But certainly it will be easier for the next generation to feel comfortable with the wide variety of roles each sex is capable of if today's children can be raised with less emphasis on the traditional roles assigned to boys and girls. For example, there is no good reason for offering different kinds of toys to infants and young children of different sexes. All infants like the same moving objects and then the same soft and cuddly toys. As they become toddlers all children like things they can take apart and put together—whether they are boys or girls. Given the chance they will all like bicycles, balls to throw, running, jumping, swings,



books to look at, playing house and so on. The differences in activity and capability between individuals of the same sex are certainly greater than the group differences between the sexes.

In the whole age group this book is concerned with, there is little reason for treating boys and girls differently in their play or in any other way. When they are tired or frightened or hurt, boys need to be held and hugged and kissed just as much as girls might need to. When there are trucks to be played with and sports to be learned, girls should be right there along with the boys. In time when competition in sports becomes important to some, differences in speed and strength will sort out individuals and sexes both, but that is well beyond the age group with which this book is concerned. In the meantime, each child needs to be loved and told so. Each child must be allowed to try out all the skills and activities which his or her development makes possible. In the long run the payoff for this will be respect for self and respect for others as individuals instead of biases that are based on group stereotypes.

School Readiness

This subject usually refers to readiness for regular public school—kindergarten or first grade. There is a general belief in this country that children should begin their formal education in the period between 4½ and 6 years but not much earlier. Therefore, most States or communities have rules or regulations which require that children enter public school by a certain age—often 6 years—and prevent them from entering before a certain minimum age—4 years 8 months, 5 years or thereabouts. However, children are as different in their readiness to go to school as they are in everything else, and none of the rules really helps you to know what is best for your child. There really aren't any simple rules or landmarks to tell you whether your child is ready to start school. Many things have been used—age, IQ, number of teeth, height and weight, drawings by the child, and so on. But no one of these things in itself will give you an answer.

Going to school is more complicated and threatening to the child than it sometimes seems to us. It involves the child's maturity in a number of areas.

- Physically the child must be healthy and strong enough to enjoy the challenge of going to school and to bear up under the increased strains and stresses involved.
- The child must be capable of separating from you and spending a number of hours each day in a place that is unfamiliar with adults and children who are largely unknown at first.
- In most schools the child must be able to obey directions even when not watched every minute.
- The child must have a long enough attention span to be able to sit still for fairly long periods and concentrate on one thing at a time, gradually learning to enjoy the practicing and problem solving activity involved.
- The child must be able to tolerate the frustration of not getting immediate attention from the teacher or others and to wait for and take turns.
- The child must have some of the basic hand-eye skills necessary to the learning of reading and writing. These include skills such as handling a pencil, turning pages, recognizing shapes and colors, and so forth.

No single rule or test is going to be able to help you decide whether your child is really ready or not. What, then, can you do? One thing is not to push your child into school at the earliest possible age your school allows. Although a few children who are both very bright and

very mature socially may be ready at the earliest possible age, many children aren't. Remember that one year of age difference in the 4–6 year age group is an enormous amount of extra living and learning time on a percentage basis. It amounts to one-fourth to one-fifth of the child's entire life. That amount of extra time between the start of one school year and the next may be just the time your child needs to get it all together—to integrate physical, psychological and social skills to the point where entering school becomes exciting instead of frightening. On the average, girls will be more mature and therefore are more likely to be ready for school than boys of the same age.

Beyond this, many people would advise that you think about helping your child to get ready for school even before the 4–6 year period. One way is to have the child spend some time in a preschool program of some sort—a Parent-Child Center, nursery school, or day care center. Although these programs may be different in many ways —the number of hours the child spends there is an important one—they are alike in that they provide a place where your child can learn to be with other children, in groups, under the supervision of adults other than you or your family. They provide experience for the child in learning to separate from you, in getting along with the group, waiting their turn, to concentrate in the midst of confusion, to understand and respect authority outside of the home and, usually, some specific skills such as drawing, recognizing pictures, colors, listening to a story, etc. That's a lot.

Children will not, however, learn all those things merely by attending just any preschool program. Helping young children take advantage of all the possibilities of such programs is a skilled job and untrained people, even with the best motives, cannot do it. So one of the things you should look for in such a program is that it is run by a person or persons who understand the basic needs of young children and the problems which may arise and whose program gives them the time and patience to deal with them. They need training in recognizing the special needs of each child and in how to arrange a program to meet those needs most effectively. This does not mean that such people must have a cer-

tain title or training, but they should have either that or a good deal of experience working with someone who has had that kind of training.

You should certainly visit any program you intend sending your child to. In addition to watching how the staff works with the children in general, you should be prepared to ask some specific questions about their policies. One of these is how they handle new children coming to school for the first time. Many children are likely to find the new experience overwhelming, if not frightening, and will probably need some help in separating from you. Most good centers or schools will want you to stay in school with the child for the first few times, and then to stay for shorter and shorter periods until your child seems at home and doesn't mind your leaving. Even with children who don't seem to mind at first it is probably a good idea for you to stay around for a while at the beginning just in case. This approach is better than just dumping the child in a new place with a 'sink or swim' attitude. Some children will manage in that way, more will not. But all of them will get more long term benefit from the experience if you are there to help. A school that forbids you that chance is one to be cautious of.

Other things to ask about are the kinds of activities the school encourages for children of different ages, how

Don't just dump your child in school with a sink or swim attitude.

they handle fighting among children if it occurs, how they will discipline your child if that should be necessary, and so on. You will probably want to see if their answers to those questions agree with the way you want things done for your child. If not you should talk to the staff and find out their reasons for the way they do things. They may convince you that their way is better or that it is all right for your child to learn that rules at school and at home can be different. But if there are major differences between you and the people in charge of the school then you are probably better off taking your child somewhere else.

All of this assumes, of course, that you have looked at the actual building and outdoor play spaces and equipment and found them satisfactory. Though these should not be as important to you as the kind of people and program involved, they may give an indication of the values and attitudes of the school you are trying to evaluate. Those values and attitudes and the people who put them into action will always be the most important factors for you and your child.

Preschool programs by themselves probably aren't the whole answer, either. Most good programs of the kind described above will probably help you to learn things you can do at home to provide additional support for your child in acquiring good learning habits, tools and experiences. Many people feel that that kind of home based experience ought to begin late in the first or early in the second year of life—even before your child is likely to be enrolled in such programs. The first sections of this book mention some things you can do. The point of all this is not to turn you into a school teacher, or to have you try to teach your child actual reading, writing or arithmetic at home.* The idea, rather, is for you to make sure that your child will be ready to go to school when it is time, equipped to make the most of the learning opportunities the school offers, and convinced that you believe that school and learning are important. That is one of the most valuable things you can do for your child.

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*See also Day Care Handbooks Numbers 1 through 9 published by the U.S. Department of Health, Education, and Welfare, Office of Child Development.

Special Problems

Fears

In the first weeks of life babies normally have a startle reflex which makes them jump, stiffen out and cry if they hear a loud noise, if they feel they are falling and, sometimes, for no apparent reason at all. Many parents take this to mean that their baby is a 'nervous baby,' although babies are never 'nervous' in the way adults are. Unfortunately, when parents believe something about one of their children they tend to treat the child in such a way that what they believe to be true actually becomes true. This is especially so of behavior parents don't like or worry about. 'Nervousness' is one of those behaviors. Parents worry that children who are nervous or afraid will cling to them all the time. They also worry that such children will be made fun of by other children and adults. Because of this parents are often very impatient with children when they act afraid. They tease them, refuse to listen to them or comfort them, or even punish them for being afraid. When parents do that it makes the children even more afraid. They come to feel that fears are never to be talked about, but to be suffered alone and in silence.

It is very important for you to learn to take your young child's fears seriously, even though the cause of the fear may seem silly to you and the child's reaction to it may seem out of proportion. You don't have to pretend the fear is real for you, but you should accept it as real for the child. That acceptance, accompanied by your reassurance and your own lack of fear, sets a good pattern and model for children and helps them to deal with their own fears. As they follow your model they become less dependent on you in meeting and handling new experiences.

Some infants seem to react fearfully to strange people, places and things fairly early, but the first major source of fear common to all children comes near the end of the first year. This is the child's gradual awareness that the best loved person, usually the mother, is actually a separate individual and could possibly be lost forever. This

discovery, often called 8-month anxiety, because it usually appears around that age, seems to be earth shaking for some infants. Until this time everything in the surrounding world, including people, seems to be a permanent part of the baby and to be firmly attached. Suddenly it is clear that things are not firmly attached and the most important part of that outside world can disappear or be lost.

At first the reaction of most babies to this discovery is not too marked. They may look worried or startled when strangers approach or they may even cry. They are particularly likely to do this if the strangers approach too quickly or try to pick them up or hold them right away. Sometimes the babies will seem upset and cry if they look around and do not see the favored parent immediately. The baby may be unwilling to stay with previously favored babysitters or relatives.

As time goes on this behavior worsens and develops by a year or so into what is called separation anxiety. This is reflected by more marked changes in behavior. A baby who has previously been good natured and even-tempered suddenly cries up a storm when the favored parent leaves the room or otherwise disappears from sight. A baby who has always gone to sleep easily and slept through the night suddenly refuses to go to sleep at all or wakes repeatedly during the night and cries. These are upsetting changes to parents and many of them get angry because they feel that the baby has become spoiled or 'bad.' But the behavior only indicates the baby's fear that the temporary loss or disappearance of the parent may become a permanent one. Instead of getting angry, parents need to understand why the baby is acting up and to show their understanding by taking sympathetic and reassuring action.

One thing parents can do is to help babies get experience with separation—first with very short periods and then with longer ones. Peek-a-boo is a good game for this. The brief covering of the baby's eyes, or the parents' brief disappearance, is short enough to prevent the full development of the fear and the baby is pleased and reassured when the reappearance occurs. The child who is older and more used to some separation may start to fret when the parent is in another room. Often the sound of

the parent's voice will stop the fretting. If not, the sight of the parent briefly popping back into view will often reassure the child for some time.

But whatever you do you must realize that this type of behavior in the 10–18 month old is based on real fears. If the parents take them seriously and handle them with patience and care they help the child overcome the fear and go on to other stages of development. Parents who do not help the child overcome separation fears at this time let themselves and the child in for long term difficulties. Such children are often fearful of new people and new situations, are unwilling to go to, or stay at, day care centers, nursery schools, or regular school, or have difficulty forming permanent relationships with people as they get older. Serious troubles indeed.

It is difficult for adults to see the world the way small children see it. Objects and sounds which seem perfectly obvious to us may look or sound very strange to the young child. Children may be terrified at such things as a flush toilet, a sudden movement, thunder, an animal—small or large, being locked in a room, and so on. Sometimes children aren't quite sure what they are frightened of. It is a good idea for you not to jump to conclusions about what is frightening the child. Comfort the child and allow time for the child to talk about the fear. This is likely to bring out useful information which you and the child can deal with at a later, calmer time.

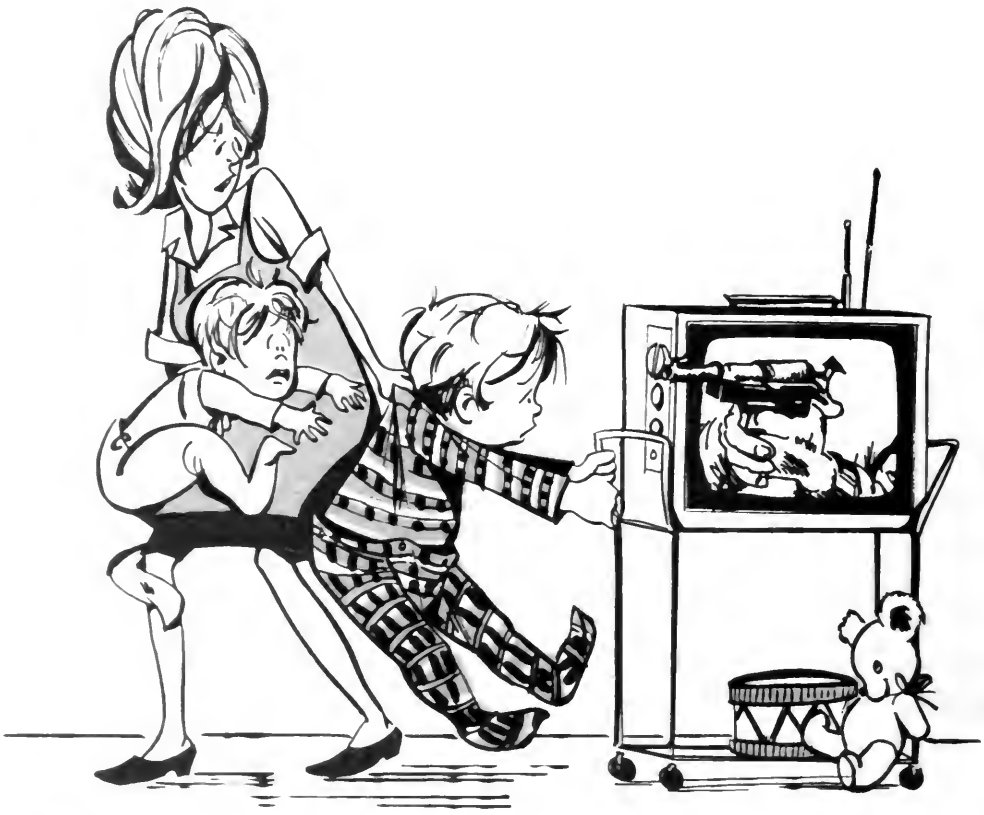
Very young children usually react fearfully only to something going on at the time in their immediate surroundings. As they become older, though, they remember and imagine situations, places and times which are scary and unpleasant and react to them even though they are not there at the moment. At this time, maybe 3–4, children begin to become afraid of the dark, of animals they have never seen and events that have never happened to them. At such times they are often unable to tell the difference between reality and their imagined fear. They may say things which sound to you like a whopping lie.

"A lion was going to eat me!"

"There was a man in the corner of the room and he was going to take me away."

These aren't lies and they shouldn't be treated as such. For the children those stories are real and frightening. They need sympathy and your understanding that they felt frightened by something they imagined or worried about. At 3 to 5 years thoughts often feel like happenings. Don't worry about setting the story straight right then and there. The children will do that themselves in a quieter moment.

Most children have fears at one time or another, but some children have more than others. The way children have been treated by the people and happenings in their lives makes a big difference. For example, some studies show that children who sleep in the same bed or the same room as their parents are more likely to have excessive fears. This is also true of children whose parents fight all the time, either with loud words or actual blows. It is especially true if the fighting seems to be about the child or the child's care. Other studies also show that children are not happy if their parents don't ever correct them or set limits for them. Such children, those who are allowed to run wild and behave any way they want, also tend to have more fears than other children.



The specific fears children develop may come from a variety of sources—from inside themselves to real situations in the outside world. Many children develop their fears by accepting the fears of their parents. Fear is contagious and children are particularly sensitive to their parents' feelings. Parents who know they are afraid of certain things will do well to let other adults introduce their children to those things. For example, parents who are afraid of heights should let someone else take their children sightseeing on tall buildings or other high places.

A relatively new source of fears worth discussing is television. At a time when children are still too young to read and learn about frightening happenings or ideas through books they are exposed to all sorts of such things on the tube. Despite repeated warnings parents continue to use TV as a babysitter without paying any attention to what the child is watching. Children up to 4 or 5 are often unable to tell the difference between reality and make-believe unless it is carefully explained. It is almost never explained at all on television, and children end up accepting dramatic shows as just as real as the news or what happens in their daily lives.

Sometimes adults frighten children deliberately for a number of reasons. The adults may hope to influence the child's behavior:

"If you don't eat your supper I'm going to have the doctor come and give you a shot."

The adult may hope to promote safety:

"Don't go play in the empty lot because a giant rat will eat you up."

But sometimes adults are just being cruel or mean because they don't feel good themselves. It is important to set limits for children, and it is important and necessary to warn children about hazards in their environment, but these should be done in a way that helps them understand and does not terrify them.

A final note. Sometimes children who are frightened don't react by crying or showing fear. Sometimes they act up and become fresh and sassy instead. Just as adults often get blustery when they are afraid, so do children.

Remember—children who are acting up may not be acting bad—they may just be afraid or tense.

If all children have fears at some time, how can you tell when children are more fearful than normal? Most fears last only a short time and go away with sympathetic handling. When the fear or fears interfere with the child's ability to do ordinary, daily activities, or when they interfere with the child's normal course of development, then the time has come to do something more definite than already suggested. Hitting children is no more a treatment for fear than it is for anything else. Sometimes it may be advisable to help children avoid whatever it is that is frightening them, and reassuring them quickly and constantly when they can't avoid it. If this doesn't work you should look for advice from your doctor or some other person who knows about young children.

Some things which happen to children are so upsetting they can cause fears in any child. Separation situations continue to be especially difficult particularly when the separation is sudden and unexpected or when it lasts very long. The situations which follow are all special kinds of separation situations which may come up with children and which need careful attention.

Moving—Moving to a new home, especially if it is any distance from the old one, is an upsetting experience for young children. They tend to like to do the same things in the same way day after day, and losing the old familiar surroundings is not a pleasant experience for them. They have difficulty remembering the old home in any but fragmentary ways—little bits and pieces—and this, too, can be frightening for them. The new home, even if nicer than the old, is not likely to look so to the young child at first. There are some things parents can do to help reduce the upset and confusion:

- If possible, take the children to see the new place often if you can arrange it before you move. This will help introduce it into their lives more comfortably.

- Don't move during the school year. Leaving old friends and the familiar school is hard. Moving into a new schoolroom at a time when the class has been together for a while and everybody knows everybody but you is even harder.
- Let the children help with the move. Let them pack some of their own things—or even better carry their favorite things themselves from the old house to the new. Let them have some part, but don't try to make them sit through the whole process. Moving is an exhausting experience even for adults.
- Try to make the child's new room as much like the old one as possible—particularly the bed in relation to the window or door so that shadows will be the same—even if it isn't the best arrangement for the new room. The child will be reassured by the familiar relationship among things and once you have all settled down you can slowly rearrange them if it seems necessary.
- Remember that neither you nor the child knows where all the dangers are at first. So be extra careful and watchful for a while after you move.

The pressures around moving time are among the things that may make children go back for a while to acting like younger children. Don't get upset. They will catch up again once they get used to the new place.

Vacations—When you take a vacation away from your young children it causes a separation that they don't understand. If you stay away for a day or two they will be unhappy. If you stay away longer they will be hurt. If you stay away long enough, or they are young enough, or both, the hurt may be permanent. Children cannot understand why you should want to be away from them, inasmuch as they don't want to be away from you. Very young children also have no sense of time and no way of knowing when you will return or if you will ever return.

The situation can be made a little easier while you are gone by having the children stay in their own home with

someone else they know well and like—a favorite grandparent, for instance. But even that will not relieve all the problem, and you should be prepared for some upset when you return. Even though it is clumsy it is better if you can take vacations with your children when they are still young. Instead of trying to travel with them you will do better to find someplace to go and stay for the period of the vacation. If you are going to go away without the children it is important for you to work out short periods of separation first—a few hours, then, perhaps, overnight once or twice before you actually go. This will help the children realize that you can and will come back.

Although it doesn't seem the same to you, your going to the hospital may seem the same to the children. If the admission is a planned one so that you have some warning about going, you will find that the children will do better if you can try to do some of the same training for separation. If you are going to be hospitalized for any length of time it will be better for the children if they can be brought to see you occasionally.

The process of divorce is a difficult one for adults but it is even worse for the children involved. This does not mean that it necessarily makes sense for parents to try to stay together 'for the sake of the children.' Often it makes no sense at all. When parents really want to be separated the tension involved in their staying together may have a worse effect on the children than their separation will have. But, in any case, it is very important for families involved in divorce to try to understand just how involved the children are and what it means to them.

Children never come through the divorce process unharmed. How badly they are affected depends to a great extent on how the parents themselves manage their relationship with each other and with the children. The more anger and hate involved the worse it is likely to be for the children. The less the parents talk to the children about their feelings and about what is going on the worse it is for the children. The commonest mistake is for parents to assume that the children can't understand what is happening or even that anything is wrong.

Actually, that is often not what parents really believe but what they choose to believe because they are having enough trouble facing their own feelings. Facing what they are doing to their children is too uncomfortable for most parents. Children are, of course, extremely sensitive to their parents' feelings and always know when tensions are high. They often don't say anything because they are afraid that if they do they will make matters worse. They are often right.

When parents are angry at each other they often tend to use the children as weapons against each other.

Children in the younger age group are quite likely, at least in their fantasies, to feel guilty and responsible for the divorce taking place. This is particularly true if the care of the child or children is one of the areas over which parents have disagreed in the past. Children in this period of their lives still tend to feel that their world revolves around them and that they are in some way responsible if their world falls apart. This feeling has to be dealt with by parents leveling with the children as to why they, the adults, couldn't get along and live together any more.

This is one area in which parents really have to work together if at all possible. Even though parents cannot agree about anything else in the divorce, they will salvage a great deal if they can agree on what to tell the children, and when and how to provide for their future custody and relationships with each of the parents. This is very hard to do because when parents are angry at each other they often tend to use the children as weapons against each other without meaning to and without being aware they are doing it. Because of this, it is useful for the parents to get the help of a trained third person in working out the arrangements for the children. Generally it is desirable for children to stay with one of the parents and to be helped to maintain a good relationship with the absent parent through regular and sensible visiting plans.

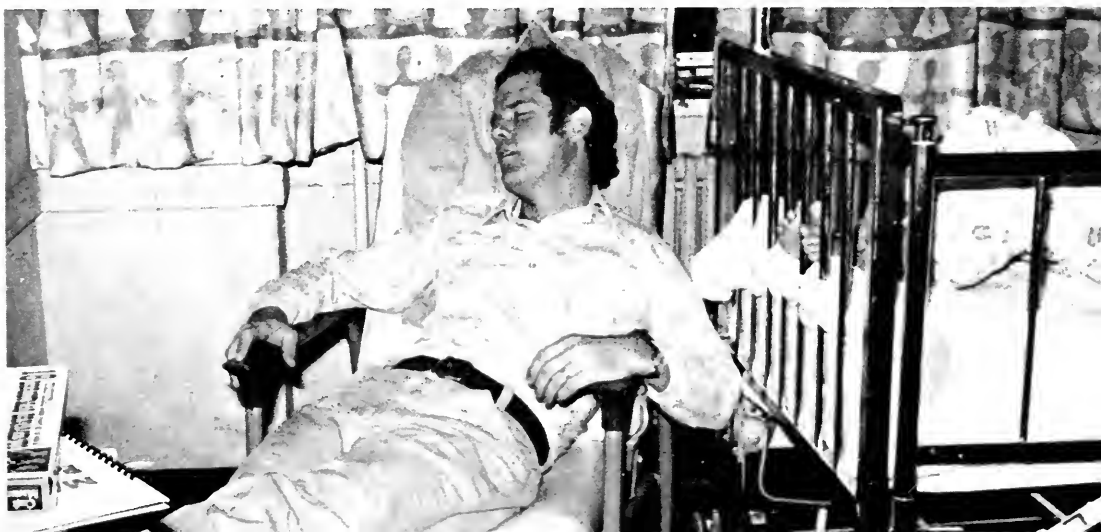
Death of a Parent—Death, of course, is the ultimate separation. Parents go away and don't ever come back. Children begin to understand the finality of death about 4 or 5 but even before that age it is important for adults to be honest with children and not try to sugar coat death with terms like 'going on a long trip' or 'going to sleep.' Both these terms just make the child's other fears even worse—that going to sleep or on a trip does cause permanent loss of the people you love.

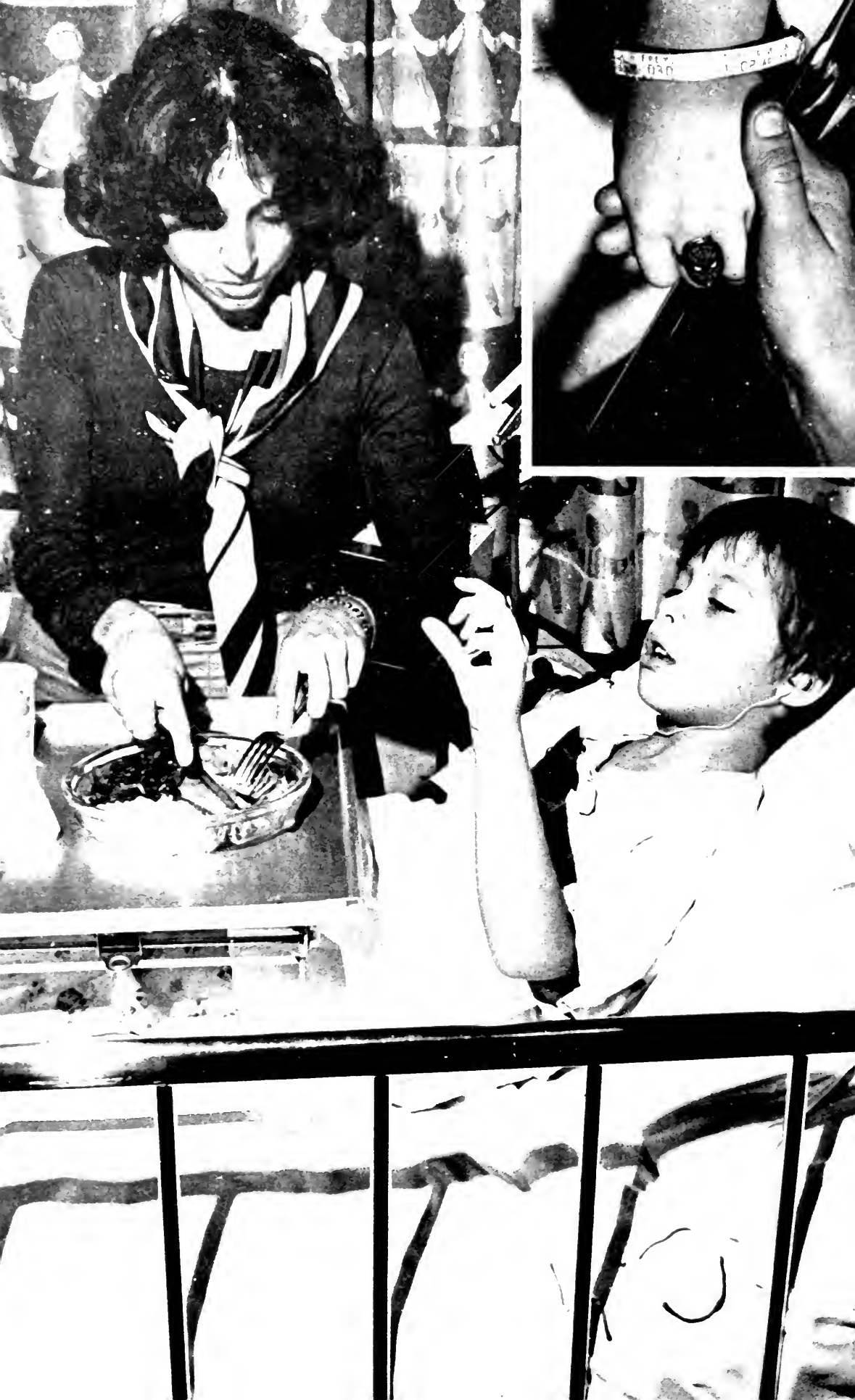
Whichever parent dies the other parent is bound to be caught up in his or her own grief and feelings of loss. This may make it very hard for them to respond to what the children are feeling and to be able to help them. When the adults themselves are having trouble accepting the finality of death it is very difficult for them

to talk to children about it. Nevertheless it is fairer and easier for children in the long run if adults can do this.

Often children, especially young children, will not show much outward grief or sense of loss when a parent dies. They have a different timetable for mourning than the adults do, and they have a different way of showing their mourning. They have more trouble than the adults understanding the permanence of the loss—every loss is a problem to them—and it is only after a time that they fully realize what has happened. In the meantime many adults accept the child's apparent unconcern as an evidence of lack of feeling or caring. Nothing could be further from the truth. Children always care deeply and will suffer greatly from the loss of a parent. But children who cry so easily at small things seldom do so at the major catastrophes in their lives. Those take so long to sink in that the children find other ways of showing their reactions at a later time. If the adults in the family cannot talk easily to the children about the death it may be helpful to ask for some help from some professional who knows the family well. Doctors, ministers or others can all be useful at such a time.

Hospitalization of the Child—The best advice on this subject is not to hospitalize young children at all if you can help it. It is terrifying for young children to be in the hospital. They view it as abandonment and as punishment for things they may have done or thought and are afraid of the strange and painful happenings as well as the separation. However, it is sometimes necessary that children be hospitalized. When this is inevitable you should be sure that you can be there too. You should allow your child to be hospitalized only where they will let you stay with the child. Some hospitals will actually provide you with a cot to sleep on in the child's room





or down the hall. Others will offer a reclining chair to sleep in and some will offer nothing at all. Nevertheless, given what we now know about the effects of hospitalization on young children there is seldom a reasonable excuse for any hospital to refuse to let parents stay.

This can be a difficult and painful experience for you, too. When the child needs holding you will not always be able to do so because of equipment in the way or the needs of the child's treatment. You will not be able to protect the child from painful experiences like shots or blood drawing or pain after surgery. But you will be there to let the child know you haven't deserted and to talk to and help reassure the child that things will get better and that the day to go home will come. Don't worry or be embarrassed if your child cries with painful procedures or even just from fright. Anybody with any sense would be afraid of most of the things that happen in hospitals. Your child is just being open in admitting it. It will also mean fewer problems for the future if your child can let feelings show at the time. Most studies show that the children who are too afraid to cry, who accept everything without expression, are the ones most likely to have long term psychological problems from being in the hospital.

Fighting

Young children, in the first few years of life, rarely fight. But some children, as they get older, will react to frustration by fighting, hitting other children or adults, provoking fights by teasing and calling names or by using bad language. This is the way some children show or express their feelings. Whether they continue to use this as a way of settling problems or taking out their disappointments depends very much on how the parents handle it. Obviously, hitting children is not a good way to set an example to stop them from hitting others. Instead it is most important for you to set firm limits and indicate your disapproval of that sort of behavior without getting violent about it yourself. Children's behavior most often reflects what they see going on in their homes. Usually when children can't control their tendency to fight it is because something at home is

going badly. Parents whose child is always fighting will do well to look at the way in which they are treating the child and each other.

Children do imitate each other's behavior and some children learn bad habits from other children. But they imitate their parents even more. If they hear shouting and see fighting at home they will tend to do the same things in their play and other activities. The child who is always fighting and bullying others is in trouble. Such children are usually feared and disliked by other children and adults. They find themselves more and more left out by other children which makes them angrier and even readier to fight. Children have to learn other ways of dealing with difficult situations. Parents have to help them by setting a useful example.

The child who is always a victim—always being bullied or picked on by other children—is probably also repeating behavior learned at home. These are often children whose parents are never satisfied with them and are always belittling them. In the same way the child who is always being beaten at home may learn no other way of relating to people but to be beaten by them in one way or another. Both kinds of children have a very poor opinion of themselves. They can seldom handle problems in a calm, strong way because they have no confidence in themselves. Instead they either become victims or they strike out in rage from time to time at their frustration in always being the victim. In either case they seldom get what they want. Children like this find it difficult as they grow up to do well in school, at work, in marriage or in any other important life experiences.

Parents who want to avoid having their children grow up in such a way must watch their own behavior. For parents who have always been shouters, name callers and hitters this may be difficult to do. Some parents don't even recognize that they are that kind of person until they see their children imitating them. No matter how difficult it seems, the effort to change this pattern is worthwhile. It can help spare children a lifetime of frustration and difficulty. You can tell when you are in trouble when your child is doing something that you cannot stand and cannot stop. That is the time to get some professional help.

The Handicapped Child

Children with handicaps should be treated as normally as their handicaps will allow. They are often more damaged by the way their parents handle them than by the handicap they were born with or acquired. If you are unable to judge accurately what your child can and cannot do, it is very important for you to discuss with your doctor or other counselor just how much activity your child can tolerate. Most parents have a tendency to overprotect the handicapped child or to treat the child so differently from the other children that the child is set even further apart from the rest of the family, and often disliked by them for this. In time the parents, too, will begin to get angry at having to make allowances for the handicapped child. Children handled this way develop a low opinion of themselves. They quickly understand that they cannot be treated the same as other children and are, therefore, probably not considered as good as the others.

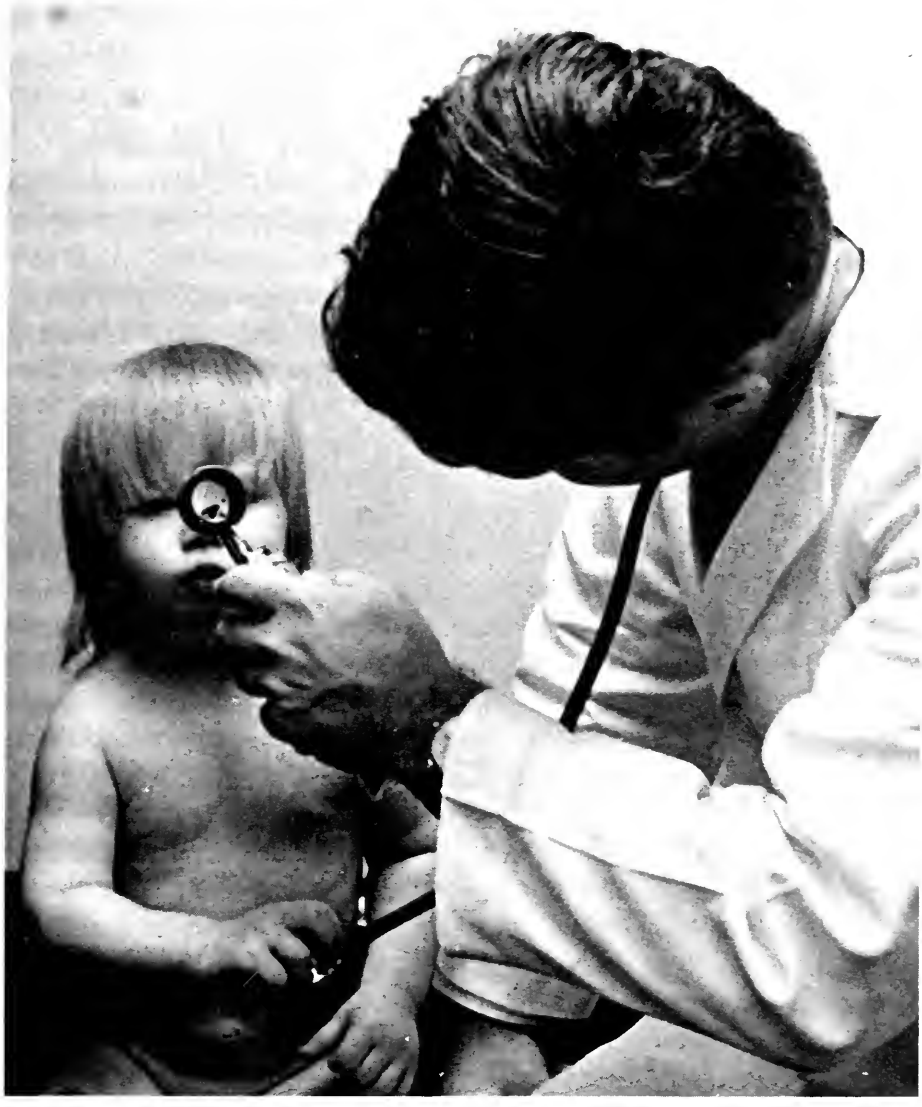
In all likelihood you as a parent feel guilty about your child's handicap. You may feel partly or fully respon-

sible. Feeling guilty most often has nothing to do with reality or common sense, and many people continue to feel that way even when they've been told repeatedly that they are not responsible for the problems. It is important for you to understand that other children in the family may feel a similar sense of guilt, particularly if they are older than the handicapped child. Children are seldom pleased at the thought of having a new brother or sister and they often wish bad things for the new baby. When the baby turns out to be handicapped the children may well feel that their wishes came true and were responsible for the handicap. That feeling becomes the same kind of guilt which parents know.

It is just those guilty feelings that make it so hard for both parents and brothers and sisters to treat handicapped children normally. Whether the feelings are deeply hidden or are fairly close to the surface they interfere with your ability to treat your child in an open, friendly and unguarded way. That is why it is important to understand these feelings and either deal with them yourself or get help from some counselor in talking them out. Only then can you begin to deal with your handicapped child more rationally.

Children tend to be somewhat ashamed of having a handicapped brother or sister. They may react to this in one of two ways. Some will stop bringing friends home and will refuse to go outside with the handicapped child. Others, however, may become totally devoted to the care of the handicapped child. Neither of these extremes is good for the healthy child. If you see your children reacting in either of these ways you should bring things out in the open. You have to make it clear to the healthy children that you understand the kinds of feelings they have because everybody, including you, has them at some time or other.

While you are helping your handicapped children become less dependent it is important not to go too far in the other direction and drive them to overcompensate for their handicaps by trying to do things well beyond their capabilities. You have to help them become more capable of using their assets while at the same time remaining realistic about themselves in striving to compensate for their handicap.



Well Child Care

Every child should have a regular and dependable source of health care, whether that be an individual doctor, a group of doctors practicing together, a clinic or some other kind of program. It is essential that you take your children there when they are well, not only when they are sick. Although children do not need check-ups every month, it is important that they have them on some sort of schedule that is decided upon by your doctor and you. There are several reasons for this:

- Workers in a child health care service should be able to help you answer questions about your children's growth and development, education, and other parts of their lives as well as just about their illnesses. They can do this more easily when the children are seen regularly when they are well. You will find it easier to ask questions at such times.
- Your children need immunizations against diseases like whooping cough, diphtheria, tetanus, measles, polio and so on. (See chart) They can only get these immunizations (shots) when they are well. Usually these have to be given in a series and the time between the doses is important.
- When your children are sick the doctor or nurse can do a much better job of recognizing how sick they are if they know how the children act when they are well.
- You and your children will have more confidence in the treatment prescribed for an illness by a doctor or nurse if you have known them over a period of time.

The most common illnesses in the 1 to 6 age group are infectious and contagious diseases. All these diseases are passed on from one person to another—they don't come from the weather or anything else. How often children get sick, and how seriously, depends very much on how many people with illnesses they are exposed to. Where first children live only with their parents and don't go out in crowds much or play with other children much they probably won't get sick very often. On the other hand, a child who has older brothers and sisters already in school is likely to be exposed to many more things and to get sick more often. Generally the diseases in this age group are not very serious. Those most often seen are the common cold, sore throats, ear infections, coughs and such. If treated promptly these are usually handled by children without complications. However the possibility of serious complications does exist with all these diseases, and it is important for you to learn when to be concerned, when to call for advice, and when to make sure your child is seen by the doctor or nurse.

Immunizations (Shots)

Not too many years ago, almost every summer brought parents the fear that an epidemic of poliomyelitis (known as 'polio' or 'infantile paralysis') would paralyze or kill their children. Throughout the year, parents dreaded attacks of measles, mumps, chickenpox, diphtheria or whooping cough which, though less likely to cause death, were still capable of making children quite sick and of causing permanent crippling or handicapping. Parents worried that children who got deep punctures might develop a fatal infection called tetanus or lockjaw. Then scientists developed, over a period of years, vaccines against most of these diseases. These vaccines, some given by shot and others by mouth, can totally prevent the development of these serious diseases.

As those preventive vaccinations (called immunizations) were developed and given to children the diseases listed above almost disappeared from our country. **THERE IS STILL NO REASON WHY ANY CHILD IN THE UNITED STATES SHOULD HAVE ANY OF THOSE DISEASES EVER AGAIN.** But in recent years these diseases have been coming back again. Why? Because today's parents, doctors and nurses aren't seeing to it that children get the vaccines. The parents grew up during the time when these diseases were almost gone and they don't themselves remember how serious those diseases can be. So they don't understand the importance of preventing them. As a result thousands of children every year are getting serious diseases with serious complications which their parents and doctors working together could have prevented. Don't let your child be one of them.

Most immunizations can and should be begun in the first year of life. (See chart) If you don't have a regular doctor to take your child to, then go to your local health department or well-baby clinic and ask them about shots for your baby. A few trips to the doctor or clinic in this period can save you and your child a lot of sickness and maybe even worse.

Recommendations for Immunization Schedule *

2 months	Diphtheria, whooping cough, tetanus (DPT)
	Oral polio triple vaccine (OPV)
4 months	DPT, OPV
6 months	DPT, OPV
12 months	Measles vaccine
	Tuberculosis tine test
18 months	DPT, OPV
4–6 years	DPT, OPV
1–6 years	Rubella (German measles) vaccine **
	Mumps vaccine **

* Recommendations of the American Academy of Pediatrics.
** These two vaccines may be given at any time during this period.

[illegible]

[illegible]—This is one of the most common symptoms in young children and one of the most worrisome to parents. But fever is not necessarily harmful. It is the body's way of reacting to invading germs. With some diseases, the common cold for instance, the temperature seldom rises very high. However with some other diseases there is often quite a bit of fever. You should understand that young children run high temperatures much more easily than older children or adults. Temperatures of 100 or so are common with minor illnesses and it is not unusual for 2- or 3-year-olds to run fevers of 103 to 105 degrees with throat or ear infections or even with those virus infections that seem to go around town all the time.

Many parents become skilled at estimating their children's temperature merely by feeling them. However, that is not always accurate and, in any case, it is often necessary to follow an illness by actually knowing the exact temperature. For most parents the best way to do this is by taking what is called an axillary temperature. This means lifting the child's arm, putting the bulb end of the thermometer in the child's armpit, and then holding the arm snugly against the child's side for two minutes. Adding two degrees to the reading will give you the internal body temperature. Although the armpit method

is a little less accurate than the rectal method it is easier, safer and less likely to cause complications.

In general it is not just the height of the fever which is important, but how the child with fever is acting. Children are usually irritable with fever and that is a far less worrisome sign than if they are very sleepy and not interested in what is going on around them. If children are fairly active and are eating reasonably well the likelihood is that their illness is not a serious one no matter how high the fever. Even then, however, if the fever lasts more than 24 hours you should follow up with the doctor. Except for those children who are known to be likely to have convulsions with fever (see Convulsions), it is not necessary to try to bring down the fever quickly or by drastic measures. However, high temperatures are uncomfortable and it is reasonable to make some effort to keep them under control.

One of the best ways to control fever is to use aspirin. Flavored children's size aspirin are easy to take and children like them. But aspirin is a poison if too much is taken and it should always be kept completely out of the reach of children at all times. Your doctor will tell you what dose of aspirin is right for your child and how often it should be given. Some children have difficulty with aspirin and there are other anti-fever medicines available. But if your child can take aspirin, and is not vomiting, it is likely to be the most effective way of controlling fever.

Other things you can do for comfort's sake include reducing the number and warmth of clothes and coverings on the child. You can also put the child in a tub of lukewarm water or sponge the child off with cloths soaked in lukewarm water. Don't use alcohol to sponge the child off with. The cold alcohol on the hot skin feels very uncomfortable and is likely to give the child a chill.

REMEMBER: The time to worry is when the child is very sleepy, hard to waken, uninterested in what is going on, and doesn't even want to be touched.

Vomiting—Another common symptom of illness in children, vomiting becomes important only when it continues and the child cannot hold fluids down over a

period of time. One or two throwups with a sickness are not likely to cause any serious trouble. But the body needs adequate fluids circulating in the system in order to work properly. When children vomit a lot they lose fluids from the body. If they cannot keep fluids down they cannot replace what they have lost. Children in this condition become dried out inside—doctors call this *dehydration*—and you can see outward signs of this in a number of ways. Their eyes may look dry and sunken in. Their mouths become dry inside. Their skin becomes papery and dry. At the same time they urinate less often and in smaller amounts and they cry without tears.

All this is much more likely to happen in the first few years of life than later. It is a serious problem and you should get medical help immediately, before, in fact, things get as bad as listed above.

To prevent dehydration in the child who is vomiting or unwilling to drink offer small amounts of fluid at a time, frequently, rather than larger amounts less often. Stop all solids and concentrate on the liquids. Just the opposite of what you might think, cold liquids are better than warm ones for upset stomachs. In fact, the ideal thing is to let the child suck on an ice cube or a popsicle. That way the liquid will come slowly and cold. Another very good liquid to use is cola. This is best given so that it is ice cold and flat with all the bubbles gone. Used in small amounts in that way it will actually help settle an upset stomach. Jello water or jello are also good liquids for this purpose.

By now you must have realized that the best fluids in this situation are those which are clear and light. Milk is not good for children whose stomachs are upset. It is one of the hardest things to keep down and even though it may be the child's favorite it is best avoided at such times.

If the child stops vomiting reasonably soon and still seems alert and active it is probably all right just to watch and see how things go. If the vomiting persists heavily for a while—or less heavily but over a longer period—then get in touch with the doctor. Other signs which should cause you to call the doctor are the presence of blood in the vomitus or increasing swelling and hardness of the child's stomach area.

Diarrhea—Diarrhea presents much the same problems as vomiting—loss of fluids from the body and the inability to replace them easily because fluids taken by mouth pass through the digestive tract too fast to be absorbed. Sometimes, of course, vomiting and diarrhea go together and the difficulties are multiplied. In diarrhea it is important to keep track of the number, the frequency, the wateriness and the explosiveness of the bowel movements. When all these signs are present the child should be watched for the same signs of dehydration noted under the discussion of vomiting. Additional signs to look for are the presence of blood and mucus in the stools in medium to large amounts. These are also signs that the problem may be serious.

Again the treatment is clear fluids such as those used for vomiting. Milk and fruit juices are *not* to be used. They will almost always make the diarrhea worse. You should realize that fluids taken by mouth may pass through the body very quickly and almost unchanged. For example, red jello may well come out in a watery stool still red and looking like blood. It is a good idea to avoid red liquids of that type in order not to confuse the picture.

There are really no medicines you can buy at the store on your own which will help treat diarrhea in young children. The only effective medicines are those which must be ordered by a doctor directly. Even then, these are useful only in some kinds of diarrhea. Your doctor will undoubtedly order them when they are likely to help if you keep in touch and provide the necessary information.

The Common Cold—Colds are infectious diseases. They are caught from other people who have them. They are not caused by drafts, or wet shoes, or being dressed too lightly or too heavily. They are caused by cold germs (viruses). People who have picked up a cold germ from someone else are already contagious for a day or so while they are coming down with the cold—before any signs have even developed—and for the first day or so afterwards. Obviously, if you can catch a cold from someone who doesn't show any sign of being sick it is very difficult to avoid them. Also, there are hundreds of different viruses which cause the common cold and having

one kind doesn't give any protection against having another kind. So it is possible to get one cold after another. Colds occur all year round but are more common in the late fall, winter, and early spring.

Once caught,colds will often last a full two weeks—1–2 days of very runny nose and sneezing; 2–4 days of a very stuffy nose and beginning cough; and 9–10 days of coughing and slowly getting better. In an ordinary cold there is seldom any fever over 99–100. If the temperature goes higher it is likely that some other infection has set in as a complication. In young children the most common complication of the cold is infection of the middle ear. (See Ear Infections.)

Children tend to swallow the mucus which drips from the back of the nose into the throat. Sometimes they will vomit up that mucus but they seldom vomit seriously or repeatedly with an uncomplicated cold. Children do not have to stay in bed or even in the house. As with most diseases, children can be relied on to control their own activity level. When they really feel sick they will be less active and get the extra rest they need; when they feel better it is all right for them to become more active.

There is no known cure for the uncomplicated common cold. All treatment is aimed at helping the child be more comfortable while the cold runs its standard course. If the child has symptoms like fever or headache then aspirin may help. If the child is uncomfortable or cannot sleep because of the runny or stuffy nose a decongestant medicine may sometimes relieve the symptoms. If the nose becomes sore or crusted a little cream or ointment on the area may be soothing and may lessen the child's rubbing at the sore. When a cough is the worst part of the problem, some cough medicine may make it possible for the child to play or sleep more comfortably. When the house is especially dry, or when the nose is stuffiest, a cold water humidifier or vaporizer may be very useful. (Old-fashioned hot steam vaporizers work less well and may be dangerous to young children.) Don't worry if the child doesn't want to eat. As soon as the symptoms begin to let up the appetite will return. In the meantime try to encourage the child to drink—especially such fluids as juice, water, clear soups and weak tea.

The number of colds your children have will be related to the number of people with colds to whom they are exposed and to their own resistance. Resistance to colds and other infections depends on children's overall state of nutrition and health. Proper nutrition, adequate rest, the right exercise and freedom from inborn disease problems all contribute to better resistance. Finally, there is no such thing as a 'chronic cold.' A child who has a runny nose all the time probably has an allergy problem and should be checked by a doctor.

Ear and Throat Infections—The ears and the throat are the places in the body where other common infections are most likely to settle in young children. Although they often occur as complications of the common cold or other common contagious diseases of childhood these infections will also turn up on their own. Of the two, ear infections are more common in young children, and they are also more often seen as complications of colds.

The child with a throat infection will probably complain of pain in the throat—although some children have trouble explaining just where the pain is—may be seen to have trouble swallowing, and may have swollen glands beneath the corner of the jaw. The throat may be red or have white patches on it but this is often very hard for parents to see. If you think your child has an infected throat it is a good idea to call your doctor. The doctor may very well want to take a culture—swabbing the throat with a sterile piece of cotton on the end of a stick—in order to find out what kind of infection is there. Usually the culture can be completed within a day or so and not delay treatment any significant amount of time.

Ear infections are frequently more painful than throat infections and often seem to come on more suddenly. Children will begin pulling on one or both ears, will complain of pain in the ear or ears and will then often begin to cry as the pain gets worse. Fever may accompany the infection. A doctor or nurse should look into the ear. The kind of infection described here is deep inside the ear and cannot be seen by parents or anyone else without a special instrument to allow looking at the ear drum. Sometimes, though, the ear drum will rupture

and a discharge will run out of the ear where you can see it. This makes it easier to be sure about the infection and does not mean the infection will be harder to heal. Your child may get some relief from aspirin and some decongestant medicine.

Infections: To Treat or Not To Treat—There are, in general, two kinds of germs which cause infectious or contagious diseases in children. Viruses cause diseases like measles, flu, and the common cold. There aren't any medicines yet to cure this kind of infection, although there are vaccines to prevent many of them. The other kind of germs is bacteria. These most often cause such infections as ear and throat infections. Bacterial infections are treatable and curable with a kind of medicine called antibiotics.

Penicillin is the best known antibiotic but there are now many antibiotics available. They are all powerful medicines and should never be used without a specific doctor's prescription for the specific illness involved. Different antibiotics work better for some bacteria and diseases than for others. None of them, not even penicillin, is good for all illnesses. The doctor needs to fit the specific antibiotic and dosage to the specific child and disease. It is never a good idea for you to try to treat all your children's diseases with the same medicines or with left over medicines. Doing so may cover up some of the signs and make it more difficult for the doctor to find out what is really going on. It is also never a good idea to give medicine which was prescribed for one child to another child, without checking with the doctor. Many of these medicines have side effects which may affect some individuals differently from others.

When the proper medicine for the disease has been prescribed children usually start to improve quite rapidly and seem a great deal better in one or two days. But that doesn't mean you should stop the medicine. Quite the opposite. *You should always give the medicine for as long a period of time as the doctor recommended.* If you stop too soon, because the child seems better, often the disease will not have been completely cured, symptoms will come back again and the cure may take longer the second time around. If you think the medicine is not working, or is causing some other effects on the

child, check with the doctor before stopping or changing. We are fortunate to have all the modern medicines we do have now, but we still should use them carefully and under the supervision of someone who knows both the good and bad possibilities of the medicine involved.

Convulsions—There are many kinds of convulsions (seizures or fits) that children may have, but this section will be limited to the kind that some children have with fever. Although many parents worry about this problem only 2 or 3 out of every 100 children have convulsions with fever. Half of those have a family history of convulsions, that is, someone else in the family has already been known to have had convulsions. The convulsion consists of a loss of consciousness with a stiffening out with or without shaking. Usually the eyes roll upward and the child's breathing sounds noisy. Most often this problem is caused by a sudden rise in temperature rather than by a fever which is already high. Many children have a shaking chill—like a bigger and longer lasting shiver—when their temperatures are rising. This is not the same and does not have any of the other features which mark the convulsion.

Convulsions are frightening, particularly because the child loses consciousness, but they are seldom so dangerous as they look. Many times the convulsion will last only a few minutes and the child will come out of it spontaneously. They will then usually want to sleep for a while. When the seizure does not end promptly by itself you should move rapidly, but not in panic, to get the child to a doctor. If possible turn the child's head to one side to allow saliva and mucus to run out of the mouth instead of down into the windpipe. **DON'T WORRY ABOUT THE TONGUE—CHILDREN DO NOT SWALLOW THEIR TONGUES** in convulsions. It is not necessary or even safe for you to put your hand or anything else into the child's mouth to try to pull the tongue forward. Many parents get badly bitten, and many children get badly cut inside their mouths or get broken teeth, because parents try to do this.

Of all the children who have convulsions with fever at some time in the first few years of their lives only one out of three is likely to have a second one under the same conditions. No one can tell you for sure whether

your child is in that group. But you should know that all children who have this problem tend to outgrow it as they get older. Most of them stop having febrile seizures by 4 or 5. Sometimes, if your child has had more than one seizure, your doctor may give you some medicine to keep the child on or to give the child at the first sign of illness. This medicine is intended to cut down the chances that your child will have another seizure with fever. So it is worth your while to follow the directions and to remember to give the medicine.

The kind of convulsion discussed here does not have any permanent effect on children's growth, development, intelligence or anything else. If you understand this you will worry less and be better able to help your child through one of these attacks.

Stomach Ache—Stomach ache is the most common pain complained of by young children. It is often associated with eating. Before a meal it may indicate hunger, and after a meal it may mean overeating or may indicate the child's need to have a bowel movement. Most often the complaint is half-hearted and doesn't last long. When the pain is not both severe and prolonged it is not likely to require more than reassurance from the parents. Sometimes, however, the pain may be more severe over a longer period of time and in these cases it may require more careful attention.

The complaint of pain may be the first sign of an illness in which vomiting and/or diarrhea are the main symptoms. These illnesses are discussed under those headings. Stomach ache may also accompany almost any of the ordinary children's diseases. And sometimes the pain may indicate a problem inside the abdomen for which surgery may be required—appendicitis is the best known of these. It is seldom easy for parents to decide how serious the problem may be or what treatment it needs. Therefore, if the problem of pain is severe or persists beyond 2 or 3 hours or in milder but more chronic form and interferes with daily activities like eating or sleeping, then you should seek advice from your doctor or clinic.

Parents should know, however, that far and away the most common cause of persistent stomach aches is tension and anxiety rather than any of the above. In chil-

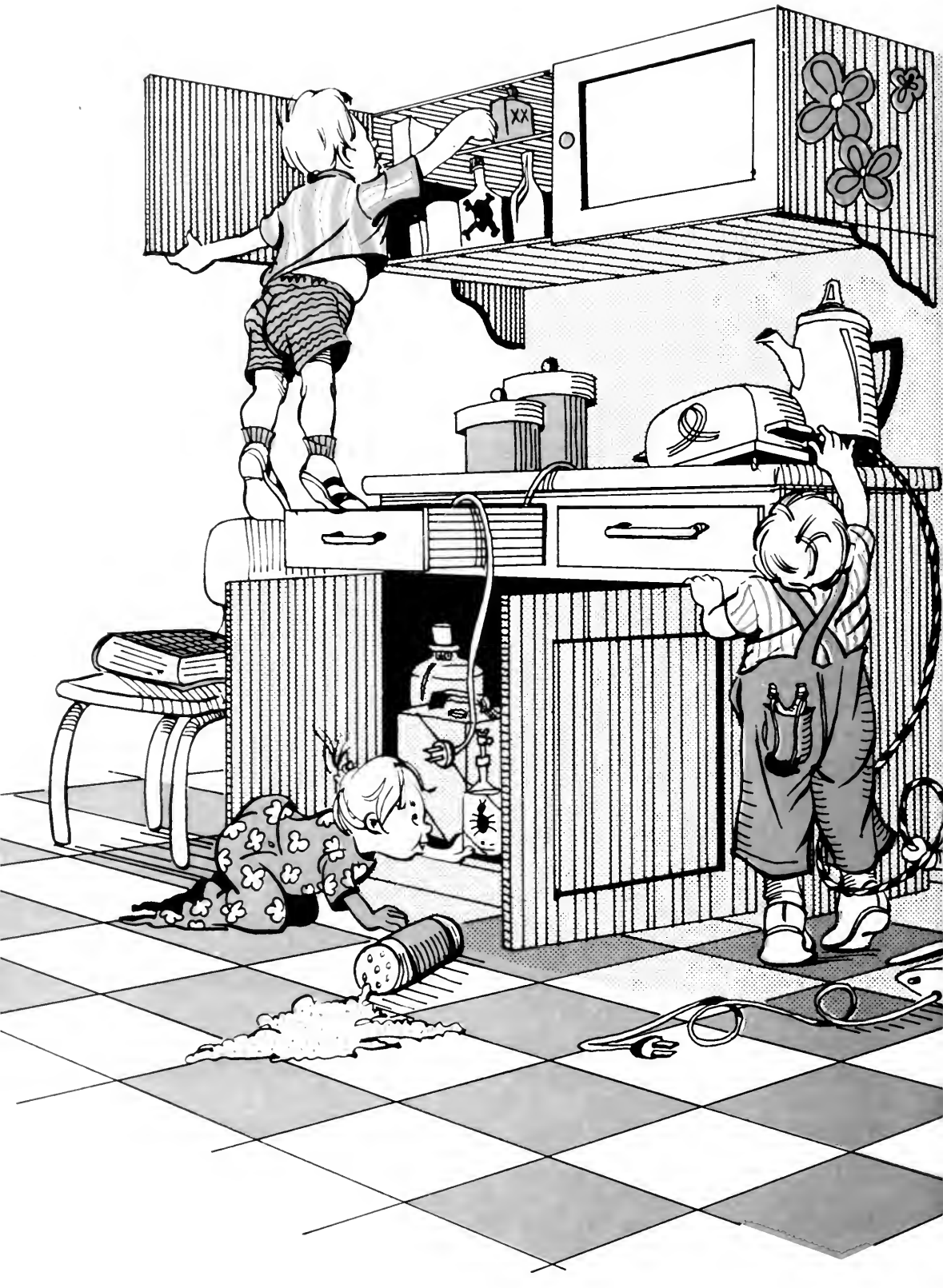
dren stomach aches are the equivalent of headaches in adults. This is particularly true of those stomach aches which appear at times when they help prevent the child from doing things the child doesn't want to do anyhow—going to school, eating dinner, visiting the doctor and many more. This does not mean that the stomach aches are any less real. They are just as real as your headaches when you are tired and irritable. What it does mean is that the stomach ache in these cases does not need medicine, or surgery, but rather an attempt to understand what is bothering the child. Once this has been done you can help the child deal with the problem directly by talking about it rather than by the roundabout route of having stomach aches.

Accidents

Prevention—Accidents are the most common cause of injury and death in young children. Children fall, get cut, are hit by automobiles, are electrocuted, are burned, drown, take poison or overdoses of medicine by mistake by the thousands every year and are injured, permanently crippled or killed as a result. Yet almost all of these happenings can be prevented if adults in general are more careful of the kinds of dangers that are left around for children to get into, and if parents in particular are very watchful in helping their children to avoid such dangers.

Even the youngest infants may manage to roll over or wriggle off a table or other high place if left unstrapped and unwatched. But it is particularly when children begin to crawl and then to walk that parents must begin to think carefully of all the dangers around them. Sharp objects and other dangerous things should be kept entirely out of the reach of small children. Young children should not be left alone in the bathtub or allowed to go near pools, lakes, streams or the ocean without a parent close at hand. Children 1–6 should never be left at home without a responsible adult. Electric outlets should be covered.

Young children should not be allowed to play or ride tricycles or bicycles on the streets alone. Children can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safely be left alone only in places where you know all the dangers have been removed. Children do need the opportunity to explore and try new things, but they also need to know that their parents have made things safe for them while they are exploring and are there to protect them in one way or another.

In short, you have to take a careful and thorough look around your house and neighborhood from a child's eye point of view to see what kinds of danger it is possible for your child to get into. There are booklets which can help you do this.* Certainly you should never leave medicines, cleaning solutions, fuel oils, paints and paint removers, chemicals, insect or animal poisons, sprays, weed killers or any other possibly toxic materials or liquids anywhere that children might get at them. Even high places are not safe once children learn to climb, and they will often learn overnight before you are aware of it. The best rule is to keep all dangerous things under lock and key and to keep the key yourself.

Accidents and poisonings in children tend to happen most often at times when you are tired or preoccupied with other things. Children have a knack for sensing when you are paying less attention, and that is just when they will zip off and get into some mischief. That is why it is especially important for you to develop a regular habit of always putting dangerous things away immediately when you are finished using them—and always keeping them safely locked or guarded. If you don't do this your children are more likely to come upon serious danger at times when you aren't watching closely.

One special area for attention is the automobile—inside, not outside. Almost all parents warn children not to play in the street and to avoid running in front of cars. Actually, more children are hurt inside cars, as passengers, than outside cars, as pedestrians. A lot of attention has been given in recent years to safety procedures and restraints for adults, but very little has been given to the same sort of safeguards for young children. Ordinary seat belts are not useful for infants or young

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* See also Children's Bureau publication YOUNG CHILDREN AND ACCIDENTS IN THE HOME. 1974. 28 pp. DHEW Publication No. (OHD) 74-34. Also available in Spanish.

children and may even cause internal damage. Also, most car seats available on the market for young children are not designed to provide protection in accidents at any speed.

Recently new equipment has begun to be designed and manufactured. There are now a dozen or more devices which will really protect children in accidents. Brand names differ, but some rules will help you pick the good ones from the not-so-good. For infants, the best seat is one in which the baby rides facing backwards. It should be held firmly in place by the car's seat belt. For toddlers and slightly older children the key points to look for are that the seat can be fastened securely by the seat belt and, in the case of tall seats, that the top can also be anchored to keep it from toppling forward. Belts or harnesses should be designed so that they do not hit young children across the stomach and cannot slide up into that area under use. Each of the major car manufacturers now has an adequate car seat which should be available through their dealers. However, many dealers don't know such products are available and you may have to insist that they look it up. Some department stores and some children's furniture stores now also sell well-designed car seats. It will take you some time and energy to find the right equipment and to use it once you find it, but it will be well worth the effort in terms of lives saved and serious injuries prevented.

Poisoning—Most poisonings in childhood are caused by substances brought into the house by the parents or other adults. Medicine, cleaning materials, heating or cooking fuels, paint or paint thinners and so forth are most often the responsible agents. Some house plants may be dangerous for children to chew or suck on. If you grow plants take the trouble to find out which kinds are poisonous. Children may suffer either acute or chronic poisoning—which kind will depend on the exact amount and kind of the particular poison involved. Chronic poisoning builds up slowly over a period of days or weeks. Acute poisoning occurs within minutes or hours of the time the child first swallows the poison and is rapid in its course. It needs immediate attention. The most common cause of this kind of poisoning is the swallowing of large numbers of aspirin tablets—either the children's or adult type.

One adult aspirin is equal to four children's and is therefore even more dangerous.

The minute you know your child has swallowed some dangerous substance you should take action. If you are not sure about the substance you should first call either your doctor, the emergency room of a local hospital or, best of all, your local poison control center. There are a number of these centers around the country and they usually provide 24-hour information services on the contents, toxicity and antidotes for almost all products available. It would be a good idea for you to find out whether such a service is available in your area and to keep the number posted next to your telephone with other emergency numbers. If you take the child to the hospital or doctor's office be sure to take along whatever is left of the poison even if it is only the empty box or bottle.

If you cannot reach advice quickly it is usually helpful, with most poisons, to try to make the child vomit. This will remove from the body whatever of the poison remains in the stomach. If more than 3 or 4 hours have passed there is not likely to be much left in the stomach and causing vomiting will probably not help much. *For some poisons like kerosene and similar fuel oils, cleaning fluids, lyes, ammonia, and strong acids* **IT IS VERY IMPORTANT NOT TO MAKE THE CHILD VOMIT.**

The best way to make a child vomit is with the proper dose of a medicine called Ipecac. It is a good idea to have a small bottle on hand just in case of poisoning, but your doctor will have to prescribe it for you. However, Ipecac itself is a poison if too much is taken and it should be locked away carefully like everything else. If Ipecac isn't available you may try warm water with soap suds or with a raw egg in it. Do **NOT** try to make the child vomit by sticking your finger down the back of the throat. You are more than likely to scratch the throat and cause bleeding which only confuses the picture, and you may well get your hand or finger badly bitten in the process. Don't try to induce vomiting in a child who is very drowsy or unconscious. In any case get the child to a doctor as fast as possible.

Acute poisoning is a serious emergency and should be treated as such. It can happen to any child in any kind of home in any part of the country. Chronic poisoning

is different. It results from prolonged exposure over a period of time to some poison in the environment which requires a long build-up to cause trouble. It is more common in some parts of the country than others. The most important example in our country today is lead poisoning.

Lead Poisoning—Lead poisoning affects mostly young children who live in the older neighborhoods of our cities. Children get poisoned by lead by eating, chewing or inhaling things which have lead in them. There are many such things—auto batteries, the fumes from automobile exhausts, the ink in funny papers—but the most common of all is old paint. Before World War II almost all housepaints were made with lead as a base, so houses that were built in that period were originally painted with lead-based paint. Although the more recent coats of paint in these houses are probably free of lead, when the paint chips, the bottom layers come off with the top layers and many children eat these chips of peeling paint and plaster. They are sweet to the taste.

If children take in too much lead they begin to show various signs or symptoms of lead poisoning. They become anemic, they may be either listless or hyperactive and irritable, they lose their appetites, they have difficulty learning and, most seriously of all, they may suffer convulsions and possibly permanent brain damage. If you live in old housing and your children ever eat the peeling paint or plaster you should check with your doctor. Through a simple blood test the doctor can find out if your child has taken in too much lead. The doctor can then recommend treatment which will help get rid of much of the extra lead in the body and so prevent your child from suffering the serious consequences listed above. Also, you can get some help in understanding why your child will nibble on paint and other materials so that the habit can be overcome.

Injuries—Some children seem to get bumped and banged and bruised and scraped more than other children, but it is a rare child who never gets any injuries at all. This booklet cannot go into all the possible kinds of injuries in detail but will offer short descriptions of some of the most common problems.

Head Injuries—Injuries to the head worry both parents and doctors because of the possibility that some damage may have been done to the brain. Because a great many children seem to bump their heads almost every day it is important for parents to have some guidelines for knowing when they should worry.

If the child acts perfectly fine and seems alert and active after a bump on the head the chances are that everything is all right. This is particularly true if the child was not noticed to have had any loss of consciousness. One way to tell this is to notice if the child seems to cry immediately after the accident occurs. If there were no witnesses to the accident, it may be helpful to see if the child can remember the accident, how it happened and what happened immediately afterwards.

Some injuries to the head, particularly around the forehead, can produce very large lumps and bruises. Almost nowhere else on the body do small bumps cause such large lumps. These don't necessarily mean that anything serious has happened or that there is any damage inside the head at all. Sometimes these may take weeks to go away, but if the child continues to act fine there is nothing to worry about.

But there are some things to worry about. One of these is loss of consciousness any time after the accident. Another is increasing drowsiness, with the child continuing to try to fall asleep and becoming harder to wake up. Another is repeated vomiting—especially if it occurs some time after the accident, rather than right away, and if it continues. These are all signs that there may have been some internal damage in the head which needs more expert attention. They should certainly cause you to get in touch with your doctor right away or to take the child to the emergency room. Even if those signs don't appear, the rule of better safe than sorry is a very good one here. If there is any question in your mind at all you should at least make contact with the doctor for an expert opinion.

Fractures (Broken Bones)—Any bone in the body can be broken by some means or other, but in children most fractures occur in the bones of the arms and legs. If you have any reason to think that your child may have

broken one of the big bones in these areas it is a good idea to move the child as little and as carefully as possible. Call for first aid if it is available. If you think the fracture may be in the spine—in the back or in the neck —then don't move the child at all under any circumstances. In such a case make sure that the child is moved or carried only by professionals who know what they are doing.

The encouraging thing about fractures in children is that they usually heal very well in less time and with better results than with adults. However, fractures in 1- to 6-year-olds can be serious if they are near the ends of the bones where growing takes place. In such a case special and careful attention may be necessary to make sure that the child's bone growth is not interfered with. Any fracture should be seen by a doctor and followed for a reasonable time until the danger of complications is past.

Bruises, Scrapes and Cuts—Bruises are black and blue areas or lumps which are caused by bleeding under the skin without the skin having to be broken in any way. Bruises may be painful but unless they keep getting bigger they are seldom dangerous. If you see a bruise starting to develop on your child after an injury holding ice or other cold compresses on the area may help keep it from enlarging. If the bruise seems to keep growing in size, or if pain gets worse, then you should have a doctor see it.

Scrapes are superficial breaks in the skin surface without any deep cuts. They may bleed or ooze slightly but seldom cause serious bleeding. Often scrapes are caused by falls which cause dirt to be ground into the broken skin area. Cleaning the area with soap and water is a good idea or with hydrogen peroxide if you have some. Most of the medicines people used to use like iodine, alcohol, mercurochrome and so forth are not worth using. If the scrape can be cleaned, and if bleeding has stopped then cover it with a clean bandage and leave it alone. If it seems worse than this, then a doctor should see it.

Cuts are deep breaks in the skin which go through all the skins layers and expose the tissues underneath. These

are likely to bleed more than scrapes or bruises, especially if a big blood vessel has been cut under the skin. Most of the time it should be possible to stop the bleeding with pressure applied directly over the wound and maintained firmly for several minutes. If not, then take the child to be seen by a doctor. Children heal well, and if the wound is easily covered or pulled together by a bandage, then it may be managed at home as well as in the doctor's office or emergency room. There are some exceptions, though. Deep wounds which are more like punctures—such as those made by a nail or a stab wound —should be seen and cleaned out professionally. These wounds in particular may also require a booster shot for protection against tetanus. If a child is cut in a part of the body where the scar will show and may make a permanent difference in the child's appearance—the face, for example, then careful treatment by a doctor may make a real difference in how little the final scar shows.

Burns — The best immediate treatment for a burned area is rapid cooling—pouring on cold water and continuing to do so until the area is no longer hot. The faster this can be done, the better. If the burned area is small then this may be the only treatment required. If the area is large then medical help should be reached as fast as possible.

If a blister forms on the area it is best to leave the blister alone because it protects the raw area underneath. Eventually the blister will collapse or break by itself, but the longer this takes the more chance there will have been for new skin to begin developing underneath.

Sometimes burns are caused by hot liquids spilling on the child. When the liquid spills on the child's clothes you should immediately strip or cut the clothes off. The longer the clothes with the hot liquid in them stays in contact with the skin, the worse the burn will be. Handled properly minor burns can heal with little or no difficulty. Larger or deeper burns, though, can be very serious and should always be treated under a doctor's supervision. Burns are more easily prevented than treated. Remember to test how hot the bath water is, to keep pot handles turned in on the stove and cup handles turned in at the table, and to keep matches out of reach.

Nosebleeds—These are among the most common problems children get. Almost every child gets one from time to time but some children seem more susceptible to them than others. Most nosebleeds are caused by the child's picking the nose or by rubbing it or poking at it some way or other. This happens more often when the air is dry or when the child has a cold or an alergy. In adults nosebleeds may be a sign of other diseases but they rarely are in children.

The most important thing to remember about nosebleeds is that no one ever bleeds to death from them. As terrible as they look, and it is amazing how far a little bit of blood can seem to spread, they will almost always stop by themselves if you and the child don't panic. Pressure, with or without ice, over the side of the nose which is bleeding should be kept up steadily for about 5 minutes *by the clock*. The child should lean forward rather than lie down—this will let the blood run out of the nose instead of back down the throat. Swallowing a lot of blood will often make the child vomit and this will start the whole process up again. If the steady pressure and the ice don't seem to stop the bleeding after 5 or 10 minutes, then it is time to call your doctor for further suggestions.

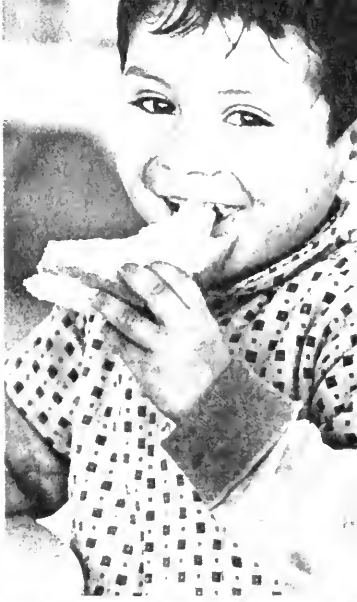
Insect Stings—There are, in general, two groups of insects whose stings are troubling to children. The stings of smaller insects—mosquitoes and gnats—cause local reactions which are usually small, hard and itchy. These seldom become complicated unless they are scratched enough to get infected. A few children are more sensitive to these stings and for them the local reactions may be worse, but general reactions seldom occur. The treatment of these minor stings is aimed mostly at relieving the pain or itching. There are anti-itch medicines which can be taken by mouth and lotions or ointments which can be applied locally. Calomine lotion is available without prescription and may help. Baths with oatmeal or baking soda may also be soothing. For particularly itchy stings, a very hot cloth—as hot as you can hold but not hot enough to burn—applied to the area for a few minutes will often stop the itching for hours.

The larger stinging insects—bees, wasps and hornets —cause reactions which are larger, redder, more irregular in shape and more painful. Although more severe, these stings respond to much the same treatment as outlined above, In those few children who are particularly sensitive these stings may swell enough locally to merge together into a larger swelling. They may also cause generalized reactions of varying severity ranging from chills or sweating to faintness, swelling, hoarseness, shock and even death. Even the normal child may have such a more serious reaction if stung by a number of insects at the same time. These serious reactions generally happen quite rapidly. If complications have not occurred within 10–20 minutes they are far less likely to do so. Kits of special medicines are available to keep on hand for immediate first aid for those children who are known to be unusually sensitive to insect stings. If you have any reason to suspect your child might be one of those children you should consult your doctor about getting such a kit.

Getting Help For Your Child

There are often times when your children have problems that you can't seem to handle all by yourself. This book gives a number of examples of such problems and then often suggests you call your doctor for advice. But not every doctor is equally interested in every kind of problem. There may be times when you feel that your doctor isn't paying enough attention to your worries, complaints or fears about your children. When that happens there are several things you can do. You can make it clear to your doctor that you aren't satisfied with the answers you have been given. Sometimes, when doctors are busy they don't realize they haven't really answered the question in a way you can understand. Telling them so may help get a better answer. If it doesn't you might ask your doctor to refer you to someone else for that problem or you might start looking on your own for another person or place where the answer might be available. Most parts of the country now have children's agencies or clinics or groups of parents or other citizens which exist just to answer the kinds of questions this book talks about and which you may find hardest to answer.

The important thing is for you not to give up if you are not comfortable with answers about your children. Whether your fears or concerns are real or imagined, your children will probably not do well until you get more comfortable. So whether it is your child or you who needs the advice you should keep trying until you get some answers that make sense to you. The reassurance that "the child will outgrow the problem" is not often good advice or even true. Children don't often outgrow their problems—only their clothes. If you think you and your child need help, keep looking until you find it. ■



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